

TriNet-Sponsored Health Care Flexible Spending Account Letter of Medical Necessity



Under federal rules, certain health care services and products are only eligible for reimbursement from a health care FSA or limited-use health care FSA when a doctor, dentist or other licensed health care provider certifies that they are medically necessary.

This form requests only the specific information needed to process your health care FSA claim. Please note that all fields are required. All information provided on this form will be treated by TriNet with the utmost confidentiality and will only be used to adjudicate your health care FSA claim. TriNet will not release health care FSA claim information to any other person unless you have signed a release authorizing TriNet to do so.

Please complete and sign this form, and then send to TriNet either via case at TriNet (login.TriNet.com) and click Contact TriNet, or via fax to 877.723.0150.

Once approved, this form is valid 12 months from the provider's signature date. TriNet reserves the right to request an updated Letter of Medical Necessity at any time. The submittal of this form does not guarantee that the expense is eligible to qualify for health care FSA reimbursement under Internal Revenue Service (IRS), guidelines.

Note: To confirm specific services, products and medications that are eligible for reimbursement under health care and dependent day care FSAs, go to [TriNet](https://login.TriNet.com) (login.TriNet.com) > Benefits > Flexible Spending Accounts > Resources > Forms and Documents. TriNet is not responsible for conflicting or inaccurate FSA eligibility information posted on retail sites.

TO BE COMPLETED BY THE WORKSITE EMPLOYEE

Patient Name:	
Worksite Employee Name:	
Last Four Digits of Worksite Employee's Social Security Number/TriNet Employee ID:	
Worksite Employee Email Address:	
I certify that these expenses will be incurred by me, my spouse or eligible dependents.	
Worksite Employee Signature:	Date:

TO BE COMPLETED BY THE PROVIDER

Medical Condition:	
Recommended Treatment, including Frequency:	
Print Provider Name:	
Provider Signature:	Date:

Questions?

If you have any questions, log in to TriNet (login.TriNet.com) and click Contact TriNet. If you are unable to log in, [watch this short video](#) or go to TriNet (login.TriNet.com) and select one of the following options: Forgot Password, Forgot ID, Unlock Account, Login Help.