



FLEXCOMP PLAN LETTER OF MEDICAL NECESSITY
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58432 (07-2010)

58432

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
 (701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

[Read Instructions before completing this form](#)

PART A PARTICIPANT IDENTIFICATION			
Name (Last, First, Middle)		Employee PeopleSoft ID (Required)	
NDPERS Member Id	Last Four Digits of Social Security Number	Date of Birth	
Organization		Work Telephone Number	
<p>The Internal Revenue Service (IRS) regulations specify that in order to reimburse products and/or services that may have both a medical purpose and a personal or general health purpose we must require a medical practitioner's note stating the medical diagnosis, the specific treatment needed, and how the treatment will alleviate your medical condition.</p> <p>NDPERS has developed this form to assist you and your medical practitioner in providing the information we need in order to process your claim. Your medical practitioner can also submit a statement on his or her own letterhead, as long as the letter includes patient name, diagnosis and recommended treatment, how treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.</p>			
PART B STATEMENT OF MEDICAL NECESSITY			
Patient Name		Patient's Diagnosis	
Dear NDPERS,			
<i>Please describe what the recommended treatment is, how treatment will alleviate the diagnosis or symptoms, and the frequency/duration of treatment.</i>			
Sincerely,			
_____		_____	
Medical Practitioner's Signature		Date	
Medical Practitioner's Name (print)		Degree	
Mailing Address (print)	City (print)	State	Zip Code + 4