

Please use the following guidelines when submitting a Letter of Medical Necessity (LMN):

- The patient name must be provided.
- The patient diagnosis must be specific.
- The recommended treatment must be named and described in detail by your health care practitioner.
- Your health care practitioner must state a specific length of treatment, not to exceed the current plan year.
- Your health care practitioner must complete, sign, and date the form.

You will need to submit this form or a letter from your health care practitioner containing the same information with your first claim. For future submissions, please indicate on the claim form that there is a LMN on file.