

Letter of Medical Necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your health savings account (HSA) when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition.

MotivHealth has provided this letter in case you're audited by the IRS and need to provide documentation that the health care services and products you purchased were medically necessary. You do **NOT** need to submit this form to MotivHealth. It is provided for your convenience.

Patient Information

Patient Name: _____

This form should be completed by the attending physician to confirm treatment is necessary for a specific medical condition.

Describe the diagnosed medical condition being treated:

Describe the recommended treatment:

Duration of treatment (not to exceed 12 months): _____

This treatment is medically necessary to treat the specific medical condition described above. This treatment is not in any way for general health and is not for cosmetic purposes to improve appearance.

Print Physician Name:

Signature of Attending Physician:

Provider License Number:

Date:

Provider Address:

Provider Phone Number:

Nondiscrimination Notice and Access to Communication Services

MotivHealth, Inc.'s ("MotivHealth") primary purpose is to provide non-health services to holders of health savings accounts. In addition to these services, MotivHealth provides services to, and on behalf of, health plans.

MotivHealth, and if applicable, your plan, do not exclude people or treat them unfairly because of sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us and with your health plan, including providing letters in other languages or in other formats, such as large print. If you need help, please call the toll-free number on your benefits card. For language assistance on your call, simply ask for an interpreter.

If you think you were not treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

MotivHealth, Inc.
Attention: Director of regulatory services
15 W. Scenic Pointe Dr.
Draper, UT 84020
Fax: (884) 533-1289
Email: RegulatoryServices@MotivHealth.com

Upon receiving your complaint, we will work with your health plan to address your concerns. If you need help with your complaint, please call the toll-free number on your member ID card. You must send the complaint within 60 calendar days of when you found out about the issue. You can also file a complaint with the United States Department of Health and Human Services online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services

ATTENTION: If you speak English, language assistance services are available to you free of charge. Please call the phone number listed on your benefit debit card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número de teléfono que aparece en su tarjeta de débito de beneficios.

注意: 如果您说中文, 将为您免费提供语言协助服务。请致电优惠借记卡上列示的电话号码。

LƯU Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ luôn có sẵn cho bạn sử dụng miễn phí. Vui lòng gọi số điện thoại được ghi trên thẻ ghi nợ của bạn.

주의: 한국어를 사용하신다면, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 혜택 직불 카드에 나열된 전화 번호로 전화를 주십시오.

ATENSYON: Kung nagsasalita ka ng Tagalog may libreng tulong para sa wika. Mangyaring tawagan ang numero ng teleponong nakalista sa iyong benefit debit card.

ВНИМАНИЕ! Если вы говорите по-русски, помощь переводчика будет предоставлена бесплатно. Позвоните по номеру телефона, указанному на вашей дебетной карте.

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. يرجى الاتصال برقم الهاتف المذكور على بطاقة خصم الفائدة الخاص بك.

Atansyon: Si ou pale kreyòl ayisyen, sèvis asistans lang yo disponib pou ou san peye. Tanpri rele nimewo telefòn ki nan kat debi fidelite ou a.

IMPORTANT : si vous parlez français, des services d'assistance linguistique sont à votre disposition sans frais. Appelez le numéro de téléphone indiqué sur votre carte d'assurance maladie.

UWAGA! Zapewniamy bezpłatne usługi językowe dla osób, którzy mówią po polsku. Prosimy dzwonić pod numer telefonu podany na karcie depozytowej.

ATENÇÃO: se falar português, os serviços de assistência linguística estão disponíveis gratuitamente. Contacte o número indicado no seu cartão de débito de benefícios.

ATTENZIONE: Se parli Italiano, il servizio assistenza è gratuito. Puoi chiamare il numero indicato nella garanzia.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。保険給付用デビットカードに記載されている電話番号までお電話にてご連絡ください。

ACHTUNG: Falls Sie Deutsch sprechen, steht Ihnen eine Sprechunterstützung kostenlos zur Verfügung. Bitte rufen Sie die Telefonnummer an, die auf Ihrer Vorteile-Kundenkarte aufgeführt ist.

توجه: اگر به زبان فارسی صحبت می کنید، خدمات و کمک های زبانی به صورت رایگان به شما ارائه می گردد. لطفاً با شماره تلفن مندرج روی کارت دبیت مزایای خود تماس بگیرید.

यनदः यदि आप हिंदी बोलते हैं, तो आपको हिंदी में मदद उपलब्ध है। कृपया अपने बनेटि डेबिट कार्ड पर दिए गए नंबर पर कॉल करें।

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको हिंदी में मदद उपलब्ध है। कृपया अपने बनेटि डेबिट कार्ड पर दिए गए नंबर पर कॉल करें।

ជំនួយ: បើ អ្នក ប្រើប្រាស់ភាសាខ្មែរ, ការជំនួយភាសាខ្មែរនឹងត្រូវបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃ។ ទូរស័ព្ទទៅលេខទូរស័ព្ទដែលបានកំណត់នៅលើកាតប្រាក់បញ្ញើរបស់អ្នក។

โปรดทราบ: หากท่านพูดภาษาไทย บริการช่วยเหลือด้านภาษาพร้อมให้บริการท่านฟรี โปรดติดต่อหมายเลขโทรศัพท์ ตามรายการบนบัตรเดบิตสหประโยชน์ของท่าน

HUBADHU: Yoo afaan oromoo kan dubbattuu ta'e gargaarsi tajaajilawwan afaanii kaffaltii irraa bilisaa ni jira. Maaloo lakkoosa bililaa kaardii liqii faayidaa keetii irra jiruun. bilbili.

ໝາຍເຫດ: ຖ້າ ທ່ານ ອ່າ ພາສາລາວ, ການບໍລິການ ອ່າ ພາສາລາວ ຈະ ຖືກ ສະ ພາ ຈາກ ບໍລິ ການ ນີ້ ທ່ານ ບໍ່ ຈ່າ ງຄ່າ. ຈົ່ງ ຂໍ ຈາກ ຈຳ ນວນ ທີ່ ຖືກ ຈັດ ກຳ ນົດ ຢູ່ ທາງ ຂ້າງ ຂອງ ກາດ ນີ້.

