



LETTER OF MEDICAL NECESSITY

Forma has developed this letter to assist you and your health care provider in submitting the information needed to process your claim. Your provider can also submit a letter on his or her letterhead as long as the letter includes all of the information as listed below. This letter will be valid for expenses incurred for one year from the date on the letter. At the end of the year, a new letter will be required.

Employer:	Date:
Employee Name:	Last 5 Digits of Employee SS#
Patient Name:	
Diagnosis and Recommended Treatment:	
Length of Treatment Required:	
Provider Name and License #:	
Provider Address and Telephone #:	
Provider Signature:	

For questions regarding your account, please send us a message via the live chat feature in your account or email us at support@joinforma.com

You can upload the form along with the claim that you are filing in your Forma portal. You can also view your account information from there.