Letter of Medical Necessity

Dear Health Plan Member:

- Your employer's benefit program, administered by Benemax, enables you to receive reimbursement for certain health care products and services when a Letter of Medical Necessity (LOMN) is submitted.
- In order to be eligible for reimbursement, a LOMN must be signed by an MD, DO, Nurse Practitioner or Physician's Assistant and submitted to Benemax.
- A LOMN is good for a stated period (maximum of one year). It must be renewed thereafter if you wish to continue to receive your benefit.

TO BE COMPLETED BY PATIENT/SUBSCRIBER

Patient's Name: **Subscriber's (Employee's) Name:**

Patient's DOB: _____/_____/_____ **Subscriber's Employer:**

TO BE COMPLETED BY PHYSICIAN

Medical Condition and Recommended Care:

I certify that my patient is purchasing the service or product for the diagnosis, cure, mitigation or treatment of the medical condition above and would not have purchased this service or product but for this medical condition. Therefore, I believe that this service or product is medically necessary.

Provider Name (Print): _____ **License # and State:** _____

Address: _____

Signature of Licensed Provider: _____ **Date:** _____/_____/_____

Form & Claim Submittal

Subscriber: Send this letter and proper documentation/receipts to Benemax.

- Upload via Claims Connection at www.mybenemax.com
- Email to claims@benemax.com
- Mail to Benemax, PO Box 950, Medfield, MA 02052
  - Attn: (Your Company's Name and the Relevant Benefit Plan)
- Fax to 508-242-6198
  - Attn: (Your Company's Name and the Relevant Benefit Plan)

Should you have questions, please contact a Benemax Independent Member Advocate at 800-528-1530, prompt 3, or service@benemax.com.