

How to complete this form:

The “To Be Completed by Member” section can be completed electronically. Then, please print the form for your practitioner to fill out the “To Be Completed by Licensed Practitioner” section. After the practitioner completes the form and returns it to you, please submit the form with your claim.

Please use the following guidelines when submitting a letter of medical necessity:

- » The diagnosis must be specific. For example, a diagnosis of “back pain” is not specific; a diagnosis of “Spinal Stenosis” is specific.
- » The recommended treatment must be named and described in detail by a licensed healthcare provider. A recommended treatment described as “regular stretching recommended” does not provide enough information. Your provider must specifically name and describe the recommended treatment. An acceptable description of treatment would be “I recommend a massage therapy session each week for the next 3 months to ease the patient’s back pain due to Spinal Stenosis.”
- » All Letters of Medical Necessity (LOMN) will remain valid for 3 years unless otherwise specified. Approvals for lifetime or indefinite lengths of treatment will not be extended beyond three years without a new LOMN.

To Be Completed by Member

Employer Name: _____

Member Name: _____

Claimant Name: _____

Member SSN Last (4 Digits): _____

To Be Completed by Licensed Practitioner

Medical Condition / Diagnosis: _____

Describe Recommended Treatment: _____

Start Date: _____

Duration of Treatment: _____

Frequency of Treatment: _____

Licensed Practitioner Name (Print): _____

Licensed Practitioner Signature: _____

Licensed Practitioner Phone: _____

Today’s Date: _____

Submit this completed form with your claim.

Questions?

Contact Member Services at support@armadacare.com.