

Certain items and services are ineligible expenses unless your physician believes the expense to be of medical necessity for you or one of your tax dependents. A list of common ineligible expenses can be found in your enrollment packet, requested from your Benefits Administrator, or online at <https://www.flytehcm.lh1ondemand.com>. This *Medical Necessity Certification Form* should be completed and submitted to Flyte HCM with the claim form and supporting documentation. This form must be forwarded to Flyte HCM with a completed and signed *Benefit Plan Claim Form* and a detailed receipt (certain expenses may require additional documentation) or submitted through <https://flytehcm.lh1ondemand.com> or the [Flyte HCM Benefits Mobile App](#) with the detailed statement or receipt. Documentation must include the date of service, the service(s) rendered or product purchased and the name of the person for whom services were rendered and the amount charged. It may be necessary to update this information on an annual basis.

Member Information

First Name MI Last Name Social Security Number *(required)* Employer Name

For Completion by Licensed Medical Professional

Patient Name _____

Medical Condition _____

Description of recommended treatment (Including frequency and dosage) _____

Treatment Duration _____

Certification & Acknowledgement

I certify that this item or service is medically necessary to treat the specific medical condition described above and is not in any way for general health or cosmetic purposes.

Signature of Physician

Name of Physician *(printed)*

Date