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Letter of Medical Necessity for OTC Expenses

To be reimbursable through your plan, some healthcare reimbursement requests require additional information. **Effective 1/1/2011**, this includes Over-The-Counter (OTC) expenses that fall under the category of “medicines and drugs” (with the exclusion of insulin). A prescription or Letter of Medical Necessity must be submitted for such expenses. A new prescription or letter must be submitted each Plan Year in which you request reimbursement of prescribed items or services, or any time the treatment plan changes.

In order for your provider to sign this document, you must complete the gray section below and submit for your healthcare provider to review and sign. We will contact you when it is ready to be picked up. Thank you!

Patient Name (Last, First, M) (Please Print)		Date
Prescribed Medicine/Product:		
Reason for Treatment:		
Instructions/Restrictions (if applicable):		
Prescribed Medicine/Product:		
Reason for Treatment:		
Instructions/Restrictions (if applicable):		
Prescribed Medicine/Product:		
Reason for Treatment:		
Instructions/Restrictions (if applicable):		
Prescribed Medicine/Product:		
Reason for Treatment:		
Instructions/Restrictions (if applicable):		
Prescribed Medicine/Product:		
Reason for Treatment:		
Instructions/Restrictions (if applicable):		

I hereby certify on ____/____/____, that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

X
Healthcare Provider Name (PLEASE PRINT)

X
Healthcare Provider Signature