



1995 E. Rum River Dr. S., Cambridge, MN 55008
Metro: 763-552-6053 | Toll Free: 888-507-6053
Fax: 763-552-6055 | www.aviben.com
A Division of Educators Benefit Consultants, LLC ("EBC")

Letter of Medical Necessity

Patient Name: _____

Participant Name: _____

Participant's Employer: _____

This form should be completed by the attending physician to confirm treatment is necessary for a specific medical condition. ***Please print legibly.***

1. Define the diagnosed medical condition being treated:

2. Describe the recommended treatment (specify):

If supplements are being used please list individually. Attach an itemized list if necessary.

3. Indicate the duration of treatment (specify):

This treatment is medically necessary to treat the specific medical condition described above. This treatment is not in any way for general health and is not for cosmetic purposes to improve appearance.

Signature of Attending Physician

Date

Physician's Name

Phone Number