

# Letter of Medical Necessity (LMN)

You'll need to provide a letter of medical necessity (LMN) when certain expenses require written confirmation from your physician. This letter should state that the treatment is necessary to treat or prevent a physical or psychological illness. Examples include massage therapy, supplements or vitamins, and weight loss programs which would not be eligible without additional substantiation from your physician. Be sure the letter names the specific medical condition being treated with the product or service.

Sentinel will keep a letter of medical necessity on file for 12 months. Each subsequent year you will need to supply a new letter in order for the expenses to continue to be eligible for reimbursement. You only need to submit the letter once during the year.

Because some expenses require approval, you may not be able to use your benefits card at the point of sale. If the benefits card is declined, you will need to pay with another form of payment and submit a claim for reimbursement through your online account.

## Information to Include

1. Patient name
2. A specific diagnosis/treatment needed
  - The recommended treatment must be described by your licensed health care provider.
    - For example, a recommended exercise program through a gym membership for the next six months to alleviate the patient's hypertension.
3. Duration of the treatment
  - A provider may recommend a specific duration of treatment
    - If this is not available, we consider the LMN valid one year from the date it is written.
    - If the treatment extends beyond the stated time period, the member must submit a new LMN covering the new time period.
    - A LMN cannot exceed a 12-month period.
4. Must be signed by a licensed practitioner
5. An acceptable LMN form
  - Sentinel's LMN template
  - Provider's official letterhead
  - A doctor's prescription/LMN written on a prescription pad
  - Discharge papers

Download our [LMN Template](#)  to share with your provider.

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