



# LETTER OF MEDICAL NECESSITY

Flex Spending Accounts (FSA) / Health Reimbursement Arrangement (HRA) / Health Savings Accounts (HSA)

Under CRA/IRS guidelines, some health care products may be eligible for (a) reimbursement through an FSA/HRA, or (b) treatment as a tax-free distribution from an HSA if it can be shown that the products are needed primarily for a medical purpose. If a dentist has diagnosed a medical condition and recommended an Oral-B® Power toothbrush as treatment or mitigation for the condition, it may qualify for reimbursement through an FSA/HRA and/or for tax-preferred treatment for an HSA. Some plans may not allow reimbursement of electric toothbrushes, regardless of whether the toothbrush is recommended by a dentist to treat a medical condition. As a result, you should check with your plan to determine whether the purchase of an Oral-B® Power toothbrush, when accompanied by this Letter of Medical Necessity, will be treated as a reimbursable expense.

*Dental Professionals: If your patient participates in an FSA, HRA, or HSA program, and the patient purchases an Oral-B® Power toothbrush pursuant to your recommendation to treat or mitigate a medical condition you have diagnosed, your patient may be eligible for reimbursement and/or tax-preferred treatment under that FSA, HRA, or HSA (subject to any additional limitations or conditions of the plan).*

## TO BE FILLED OUT BY PARTICIPANT

PATIENT NAME	
PARTICIPANT NAME	
PARTICIPANT EMPLOYER	
MEMBER NUMBER	

## TO BE FILLED OUT BY DENTIST/DENTAL HYGIENIST

DIAGNOSIS	Gingivitis	
TREATMENT	Oral-B® Power toothbrush used twice daily for a period of no less than 30 days. This treatment is medically necessary to treat or mitigate the condition described above; it is not for general health and is not for cosmetic purposes.	
PRINT NAME		
SIGNATURE		DATE
ADDRESS		
PHONE		

*Patient: Mail or Fax this form (and a copy of your receipt) to your FSA/HRA Administrator (or retain for your HSA records). Certain expenses may require additional documentation. Please check with your provider for a detailed description of documentation needed.*

continuing the care that starts in your chair

