CERTIFICATION OF MEDICAL NECESSITY

SUBMISSION INSTRUCTIONS: Under Internal Revenue Service rules, some health care services and products are only eligible for reimbursement from your Health Care Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary.

In order to process your claim, please have your health care provider complete this form OR provide a statement on his or her letterhead that includes the same information. You may then submit your claim along with a copy of the completed certification from your provider.

This form (or statement on letterhead) will be valid for the indicated service or product for one year from the date on the form/letter. At the end of one year, a new form or letter will be required.

EMPLOYEE NAME_____

_____

MEDICAL CONDITION INFORMATION (to be completed by provider)

Patient's Name:_____

Medical Condition:_____

Recommended treatment/services/product_____

PROVIDER CERTIFICATION

This treatment is medically necessary to treat the medical condition as described above. The treatment is not for general health or cosmetic purposes.

Provider Name (Please print)_____ Date:_____

Provider Signature_____

_____

EMPLOYEE CERTIFICATION

I certify that the services indicated above are medically necessary (that is, required for the prevention or alleviation of a physical or mental defect or illness). I understand that this form/letter from my provider will be valid for one year from the date on the form/letter and thereafter a new form/letter will be required.

Employee Signature_____ Date:_____

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