



According to IRS Code, certain programs and medications may be undertaken at a physician's direction to treat an existing ailment or disease. When submitting a claim for a questionable item, please complete the following to aid in the determination of the eligibility of the claim. If you have any questions, please call FSA Participant Services at (877) 864-9549.

Please submit this completed form, and a copy of your claim, via fax to (877) 864-9555.

Patient Name: _____

Participant Name: _____ Account Number / SSN: _____

Participant Employer: _____

It is necessary for the attending physician to complete this form to determine if treatment is for a specific medical condition.

Describe the diagnosed medical condition being treated (include diagnosis code):

Describe the recommended treatment:

Indicate the duration of the treatment:

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

Signature of Attending Physician

Printed Name

Address City State Zip

Date