

FLEXIBLE SPENDING ACCOUNT CERTIFICATION OF MEDICAL NECESSITY FORM

Please PRINT Clearly

SECTION 1: PERSONAL INFORMATION (To be completed by employee)

Employer Name		Employer Address				
Employee's First Name	Middle Initial	Last Name			Social Security Number	
Employee's Home Address	Street	City	State	Zip	Home Phone	

SECTION 2: MEDICAL NECESSITY INFORMATION (To be completed by physician)

Patient's First Name	Middle Initial	Last Name	Diagnosis and Code
Recommended Treatment			
How will recommended treatment alleviate the diagnosis or symptoms?			How long is treatment required?
Provider's Name	Provider's Address		Provider's Phone Number
Provider's License Number			

_____ Provider Signature		_____ Date
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SECTION 3: ACKNOWLEDGEMENTS & AUTHORIZATION

You must read the following and sign below

The information stated above was obtained legally. To the best of my knowledge the information was supplied by a licensed practitioner authorized to diagnose the illness stated and prescribe medications to treat it.

_____ Employee Signature	_____ Date
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Please fax completed forms to (810) 600-7942

**FLEXIBLE SPENDING ACCOUNT CERTIFICATION OF MEDICAL NECESSITY
FORM INSTRUCTIONS**

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account when your physician or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your spouse's or dependent's) specific diagnosis, the specific treatment needed, and how these products and services will alleviate your medical condition.

Health Advantage has developed this certification to assist you and your health care provider in providing the information we need in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes **all** of the information on this form.

You must submit this certification, or your provider's letter containing the same information, with each and every claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you need to submit a new certification/physician letter covering the new time period.

If you have questions you may call The Flexible Spending Unit at (888) 327-0671.

Please fax completed forms to (810) 600-7942.