



Under IRS rules, some health care services and products are only eligible for reimbursement from your medical reimbursement account when your doctor or other health professional certifies that they are medically necessary.

LETTER OF MEDICAL NECESSITY

EMPLOYEE INFORMATION

Date Effective From: TO:

Account Holders Name:

Patients Name: Last four of SSN:

RECOMMENDATION DETAILS (COMPLETED BY THE PROVIDER)

Medication(s) or drug(s) or services recommended: (Please list supplements/vitamins individually)

Physical or mental ailment this is attempting to diagnose, prevent, treat or cure:

You are recommending something that normally is not eligible for reimbursement from a Section 125 Flexible Spending Account. Please explain why this item/service is medically necessary:

HEALTH PROFESSIONAL INFORMATION

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

Name of Health professional

Signature of Health Professional Date

Instructions to Flexible Spending Account (FSA) Plan Participant: Attach this completed document to your 24HourFlex Claim Form and fax, email or mail both items to 303-369-0003, 1-800-837-4817, or claims@24hourflex.com. This information is strictly confidential and will be used only for the purpose of processing claims. You must have this form completed and submitted each plan year.