

Medical Flexible Spending Account Certification of Medical Necessity Form

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement through your Medical (Health Care) Flexible Spending Account when your doctor or another licensed health care provider certifies that such services and/or products are medically necessary. In order to validate that a service or product is a medical necessity your health care provider must indicate your (or your spouse's or dependent's) specific diagnosis, the specific treatment needed and how this treatment will alleviate the medical condition.

This certification has been developed to assist you and your health care provider in gathering and submitting the information we need in order to process your claim for reimbursement in a timely manner. Your health care provider can submit a statement on his or her letterhead in place of this form, as long as the statement includes **all** of the information requested below.

Please Note: You must submit this certification, or your health care provider's letter containing the same information, with each claim that you submit for the service or product that requires certification of medical necessity. If the treatment extends beyond the time period listed below or in your health care provider's letter, you need to submit a new certification or provider letter covering the new time period.

EMPLOYEE NAME:	
ALTERNATE ID/SSN:	

PATIENT NAME:	
DIAGNOSIS:	
RECOMMENDED TREATMENT:	
EXPLAIN HOW THE RECOMMENDED TREATMENT WILL ALLEVIATE THE DIAGNOSIS OR SYMPTOMS:	
LENGTH OF TIME TREATMENT IS REQUIRED:	

PROVIDER NAME:	
PROVIDER ADDRESS:	
PROVIDER TELEPHONE #:	
PROVIDER SIGNATURE:	
DATE:	

If you have any questions call the Employee Benefits Service Center of Parente HR Services toll-free at 1-800-307-0230. Benefits Representatives are available to assist you Monday through Friday 8:30 am to 5:30 pm (Eastern Standard Time). You may fax this Certification of Medical Necessity Form and any claim forms to 1-866-406-0946 or mail your forms to the address listed below. Additional claim forms can be accessed online at www.parentehrservices.com.

Please Note: Parente HR Services' role is to ensure that the proper documentation is submitted for reimbursement through your Medical Flexible Spending Account, and not to determine whether the treatment by your doctor or other licensed health care provider is medically necessary. Parente HR Services will only review this form for completeness.