INFINISOURCE
BENEFIT SERVICES

Documentation of Medical Necessity Form
(Health FSA/HRA)

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from a Health FSA or HRA with a showing of medical necessity. Please submit this completed form and a purchase receipt to ensure proper reimbursement in a timely manner.

Employee's name: _____ ID or SS#: _____

Patient's name: _____ Relationship: _____

Patient's address: _____

_____

This form must be completed by the attending physician to confirm treatment is necessary for a specific medical condition.

Describe the diagnosed medical treatment: _____

_____

Diagnosis code: _____

Describe the duration of treatment: _____

_____

Physician's name: _____ License No.: _____

Physician's physical & e-mail address: _____

_____

Physician's phone number: (_____) _____

Physician's signature: _____ Date: _____

Your signature indicates that the above medical treatment is to diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body, and not merely for general health purposes or for cosmetic services.

A new form must be completed and submitted if the initial treatment extends beyond the duration treatment listed above. The participant must submit a new completed form covering the new time period.

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