



A Plus Benefits, Inc.

Certification of Medical Necessity

Submission Form

Under the IRS rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account when your doctor 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 this treatment will alleviate your medical condition.

Your health care provider can also submit a statement on his or her letterhead, as long as the letter includes all of the information on this form.

Employee Name	
Employee SSN	

Providers: Please print legibly.

Patient Name	
Diagnosis (not code)	
Recommended Treatment	
How will the recommended treatment alleviate the diagnosis or symptoms?	
How long is the treatment required?	

Provider Name (print)	
Provider Address	
Provider Phone	

Provider Signature

Date

If you have questions regarding this form or eligible expenses, please call A Plus Benefits at 801-443-1090 and ask to speak to someone regarding your Flexible Spending Account.