

Medical Necessity Confirmation

Not all health related expenses are reimbursable by your FSA. Some procedures/items are considered dual-purpose and may or may not be eligible. If the recommended treatment is for general well-being such as vitamins, nutritional supplements, massage therapy and weight lost treatments, then they would not be eligible. However, if they are required to treat a specific medical condition and directed by your healthcare provider, then the expense would be reimbursable.

In order to be reimbursed for dual-purpose items, please take this form to you doctor for completion. Submit this form along with your claim form and documentation for the expense. Once approved, this form will be kept on file for the remainder of the plan year or the duration of your treatment, as indicated by your physician. If your treatment extends beyond the plan year or treatment period, it will be necessary to resubmit a new form, before reimbursement can be made.

EMPLOYEE NAME: _____

EMPLOYER: _____

To be completed by Physician (Please print clearly)

Patient Name: _____

Medical Condition: _____

Treatment Dates: From _____ to _____

Prescribed Treatment (must be specific): _____

I hereby certify that I am currently treating the above-named patient for the indicated medical condition. The treatment I prescribed is medically necessary to the treat the medical condition. This treatment is not for my patients general well-being or for cosmetic reasons.

Physicians Name (please print): _____

Physicians Contact number: _____

Physicians Signature: _____ Date: _____

SOUTHERN ADMINISTRATORS AND BENEFIT CONSULTANTS, INC.
PO BOX 2449
MADISON, MS 39130
601-856-9933
WWW.SABCFLEX.COM

Approved _____