StirlingBenefits™
Evolving the Business of Benefits℠

Certification of Medical Necessity

According to the rules under the Internal Revenue Service (IRS), some health care services and products are only eligible for reimbursement from your Health Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary.

Please have your health care provider complete this form, or provide a statement on their letterhead that includes the same information, then submit your claim along with a copy of the completed certification from your provider.

This form (or letter) will be valid for the medical expense or service for one year from the date on the form or letter. At the end of one year, a new form or letter will be required.

Employee Name: _____

Employer Name: _____

MEDICAL INFORMATION (*To be completed by Provider)*

Patient's Name: _____

Medical Condition: _____

Recommended treatment/services/product: _____

Please describe how the treatment/services/product impacts the medical condition:

_____

_____

_____

PROVIDER CERTIFICATION:

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

Provider Name (*Please Print)* _____

Provider Signature _____ Date _____

Provider TIN _____