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Physician Statement

Submission of this form does not guarantee reimbursement.

Participant Name _____

Participant Employer _____

Patient Name _____

Patients Relationship to Participant _____

IRS regulations state that flexible spending account plans may NOT be used for general health but only to treat an "existing disease".

Condition being Treated _____

Treatment _____

Length of Treatment _____

Description of how treatment plan treats the specific condition:

I certify that the above treatment is being prescribed to cure, alleviate or mitigate the medical condition listed above and that it is medically necessary.

Physician Signature

Date

Print Name

Date

Fax completed statement to 603-647-4668 along with Physician Letterhead (Required) stating practice name, address, and contact information.