



PO Box 1300 • MANCHESTER, NH 03105-1300
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PHYSICIAN'S STATEMENT

Submission of this form does not guarantee reimbursement.

PATIENT NAME

FLEX PLAN PARTICIPANT EMPLOYER

IRS REGULATIONS STATE THAT FLEXIBLE SPENDING ACCOUNT PLANS MAY NOT BE USED FOR GENERAL HEALTH BUT ONLY TO TREAT AN "EXISTING DISEASE". BENEFIT STRATEGIES REQUIRES A PHYSICIAN STATEMENT FOR EACH EXPENSE AND ASSOCIATED PLAN YEAR.

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'S SIGNATURE

DATE

PRINT NAME

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