

GIC FSA Provider Statement of Medical Necessity



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Employee Information

Employee Name:

First/Last

Agency Name:

Agency Number:

Patient Name:

First/Last

Patient's Relationship to Employee:

IRS regulations state that flexible spending account plans may NOT be used for general health but only to treat an "existing disease". A new statement will need to be completed for each plan year. Submission of this form does not guarantee reimbursement.

You do not need this form for OTC Prescriptions

Condition Being Treated:

Treatment Plan:

Length of Treatment:

Treatment Frequency:

Ex: Three times a week, once a month, twice a month etc.

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

Provider Signature:

Date:

Print Provider Name:

Practice Name:

Provider Contact Information:

Provider Address:

City:

State:

Zip Code: