

Physician Statement



Live Chat: benstrat.com
Phone: 1-888-401-FLEX (3539)

Fax: 603-647-4668
Email: info@benstrat.com

Address: PO Box 1300, Manchester, NH 03105

Employee Information

Employee Name:
First/Last

Employer Name:

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". This statement will remain on file for the length of the treatment as indicated below. 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:
As Indicated

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: