

DOCTOR'S NOTE

Participant's Name: _____ Employer: _____

Dependent's Name (if applicable): _____

Under IRS rules, some health care services (e.g. Massages) and products (e.g. Supplements) are only eligible for reimbursement under a Health Care Flexible Spending Account when a doctor or licensed health care provider has certified it to be medically necessary. Other products that are used primarily to maintain general health such as toothbrushes, sunscreens and shampoos are not a qualifying expense. The Third Party Administrator will determine if the expenses are deemed eligible.

The following are guidelines for completing this form:

- Must contain a specific medical diagnosis (e.g. "headaches or elevated levels of cholesterol" are not specific-"migraines or "hypercholesterolemia" are specific)
- Treatment must be named and described in detail (e.g. "regular or daily exercise recommended for weight loss"-is not a specific treatment)**
- Must explain how this treatment will improve or alleviate the diagnosis
- Doctor's note is only valid for 12 months, chronic condition treatments will require annual updates
- ***This form must be dated prior to the purchase/use of services being requested***

Date Treatment Began: _____ Date Treatment to end:* _____

Expense (i.e. Prescription/OTC, Medical Service):

Specific Medical Condition/Frequency/How will services or products alleviate the diagnosis:***

Doctor's Name (print): _____

Doctor's Signature: _____

Date: _____

* Specific length of treatment must be provided. If length of treatment is more than 12 months, a new note will be required.

**If a gym membership is recommended. Participant must provide certification that they were not already a member of a health club.

***Additional documentation may be attached if there is not enough room on this form.

Submission of this form does not guarantee reimbursement of expenses.

