Benetech
benefits • payroll • hr

Certification of Medical Necessity

SUBMISSION INSTRUCTIONS

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your medical reimbursement account when your doctor or other licensed health care provider certifies that they are medically necessary.

In order to process your claim, please have your health care provider complete this form, or provide a statement on his or her letterhead that includes the same information, then resubmit your claim along with a copy of the completed certification from your provider. This letter must be signed and dated within the Plan Year you are submitting.

If you have any questions, please contact Benetech at 800-698-4753, M-F, 8:30 a.m. – 4:30 p.m. Eastern time.

EMPLOYEE INFORMATION

Employee Name _____

MEDICAL CONDITION INFORMATION *(To be completed by the Provider)*

Patient's Name _____

Medical Condition _____

Recommended treatment/services/product _____

Please describe how the treatment/service/product impacts the medical condition:

PROVIDER CERTIFICATION

This treatment is medically necessary to treat the medical condition as described above. The treatment is not for general health or cosmetic purposes.

Provider Name *(please print)* _____ Date _____

Provider Signature _____

EMPLOYEE CERTIFICATION

I certify that the services indicated above are medically necessary (that is, required for the prevention or alleviation of a physical or mental defect or illness). I understand that I must submit a completed copy of this Certification of Medical Necessity form or a provider letter containing the same information with the initial request for reimbursement of this expense. I also understand that this form or letter from my provider will be valid for one year from the date on the form or letter, and thereafter a new form or letter will be required.

Employee Signature _____ Date _____