

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your spouse's/dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate your medical condition.

Pro-Flex has developed this form to assist you and your health care provider in providing the information we need in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all of the information on this form.

*****The letter will be valid for expenses incurred for one year from the date on the letter.
At the end of one year, a new letter will be required.*****

Step 1: Participant Information

*=Required Fields

*Employer Name

*Patient Name

*Diagnosis or CPT Code

*Employee Name

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*Employee Social Security Number

Step 2: Treatment Recommendation

Please describe what the recommended treatment is, how that treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.

Step 3: Provider Information

*Provider Name

*Provider Signature

*License # and State

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*Provider Phone Number

Step 4: Authorization

By submitting this Letter of Medical Necessity I certify that the expenses that I am claiming are a direct result of the medical condition described above and that I would not incur the expenses if I was not treating a medical condition. Submission of this Letter of Medical Necessity does not guarantee that my claim will be reimbursed.

Furthermore, I understand that this Letter of Medical Necessity is valid for one year, and that should my provider recommend my treatment extend beyond twelve months, I understand that I will need to submit a new Letter of Medical Necessity.

SIGNATURE OF PARTICIPANT _____ DATE _____

Please fax this completed form to Pro-Flex Administrators, LLC: 716-929-2013 or toll free 1-855-214-8987
or mail to: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221
Visit our website to access account information at www.proflextpa.com