QualChoice® HEALTH INSURANCE

FSA Medical Necessity Form

Some healthcare services and products may be reimbursed only when your provider (doctor or other healthcare expert) confirms that they are medically necessary. Please ask your provider to fill out this form so we can process your claim. As an option, your doctor can send a statement on his or her letterhead. It must include all of the information asked for on this form. Sending the form does not guarantee that the expense will be reimbursed.

Your doctor must specify:

- Your (or your spouse's or dependent's) exact diagnosis
- The treatment needed
- Length of treatment
- How it will help or affect your condition

By sending this form you confirm that:

- The expenses you are claiming are a direct result of the condition described below.
- You would not have these expenses if you were not being treated for this condition.

If you are claiming health club membership fees, you must confirm that you were not already a member of a health club.

You only need to send this form, or your doctor's letter, with your first claim for the service or product. If the treatment goes beyond the timeframe listed, you must send a new form or letter covering the new timeframe. You will need to send a new FSA Medical Necessity Form each year.

***Note:** Our role is to make sure that the proper documentation is sent for reimbursement under the plan. We review this form for completeness and to make sure that the treatment meets IRS rules and our eligibility standards.*

Please Print

Date (MM/DD/YYYY)	Member's Email Address
Member's Name	Member's QualChoice ID Number
Patient Name (If same as member, mark "SAME")	
Diagnosis	CPT Code
Recommended Treatment	
How will the treatment alleviate the diagnosis?	

Beginning Date of Treatment (MM/DD/YYYY)	Ending Date of Treatment (not to exceed 12 months) (MM/DD/YYYY)		
Provider Name	Provider Phone Number	Provider License Number	
Provider Mailing Address	City	State	ZIP
Provider Signature	▶ **Fax completed form to 833.322.1806**		

P.O. Box 25610 | Little Rock, AR 72221 | Phone: 1.800.235.7111 (TTY: 711) | Fax: 833.322.1806 | QualChoice.com