

***Health Flexible Spending Account - Letter of Medical Care***

Some "Possibly Eligible" expenses require a letter of medical care from your health care provider. The letter must be current (submitted each plan year, or more frequently if the original intent was to treat the condition for a short duration) and must include the diagnosis or symptoms for which the patient is being treated and specific information on how the product or service is intended to alleviate symptoms or improve function.

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Company Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
Employee Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_

This portion of the form should be completed by your physician to confirm the treatment recommended is for medical care. (Medical care is defined as: *care for the diagnosis, cure, mitigation, treatment or prevention of disease.*) **Physician must complete:**

Patient name: \_\_\_\_\_  
What is the medical condition that is being treated? \_\_\_\_\_  
\_\_\_\_\_  
What medical care is recommended for the above condition? \_\_\_\_\_  
\_\_\_\_\_  
What do you expect will be the duration of the treatment? \_\_\_\_\_

Physician Certification:

I certify that the treatment recommended is for medical care to treat the medical condition described above. This treatment is not in any way for general health and is not for cosmetic purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_