Medical Necessity Form

This form is to be completed when submitting "dual purpose" expenses. Per IRS regulations, dual purpose expenses are only eligible if recommended by a medical practitioner as they have both a medical purpose and a personal, cosmetic, or general health purpose. For a list of dual purpose expenses, please visit our website.

Please complete and submit this form for any dual purpose expense for which you are requesting reimbursement. If submitting this form for a previously denied claim or debit card purchase, please include a copy of the denial notification or the appropriate form. This form need only be submitted once for each specified medical diagnosis and recommended or prescribed treatment.

*** =Required Fields**

***Participant Name (First, MI, Last)**

***Social Secur l s 4 (yLB 9 9 6 1 RBZ 9 9 6 5 6 2 8 RZes)**