



A UnitedHealthCare Company

Doctor's Statement of Medical Necessity for Health Care Expense

The Internal Revenue Service requires a doctor's statement be provided for certain health care expenses in order to be reimbursed from your health care flexible spending account (FSA). The doctor's statement must indicate the specific medical diagnosis, the specific treatment or product needed and how this treatment will treat or alleviate the medical condition.

The form below is to assist you and your health care provider in providing the information we need in order to process your reimbursement request. Providers may also write a letter on their own letterhead as long as the letter includes all the information on this form. A letter of medical necessity will be required for the following services, but not limited to: vitamins, supplements, minerals, massage therapy and weight loss programs.

For fast and accurate processing of your reimbursement request, please make sure to include this doctor's statement form or the letter of medical necessity along with an itemized receipt or other documentation with your flexible spending claim request form.

Please note: Depending on the length of the treatment period indicated below, you will be asked to resubmit a new doctor's statement on an annual basis.

Employee Name	
Alternate ID/SSN	
E-mail Address	
Daytime Telephone Number	

Patient Name	
Diagnosis	
Recommended Treatment	
How will the recommended treatment treat or alleviate the diagnosis or symptoms?	
How long is this treatment required?	

Provider Name	
Provider Address	
Provider Telephone Number	
Provider Signature	
Date	

For assistance, please call UMR Flex Department at 1-800-826-9781

**Please mail the completed form to: UMR
Attention: Flexible Benefits Department
PO Box 8022, Wausau WI 54402-8022**

The form can also be faxed toll-free to: 877-390-4782.