FBMC

Fringe Benefits Management Company

TO:HEALTH CARE PROFESSIONALFROM:FRINGE BENEFITS MANAGEMENT COMPANYRE:LETTER OF MEDICAL NEED

Under Internal Revenue Service regulations effective January 1, 1991, expenses for medical treatments that are performed **primarily** to improve your general health are not eligible for reimbursement under a Medical Expense Flexible Spending Account. However, any procedures which are intended to alleviate, treat, mitigate or prevent a specific medical condition, remain eligible for reimbursement even if such procedures also contribute to improving the patient's general health or appearance.

As the Claims Administrator we are required to obtain your certification that the treatment your patient is receiving is to treat a specific medical condition. Your certification below should explain that the procedure meaningfully promotes the proper functioning of the body or prevents or treats illness or disease.

DATE: _____

EMPLOYEE/SS #: _____

EMPLOYER : _____

RE: ____

EXPLANATION OF MEDICAL CONDITION AND TREATMENT PRESCRIBED.

The treatment/prescription is not prescribed solely to improve the patient's general health, nor is it for cosmetic reasons.

	Signature
	Name
	Address
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	Phone Number
FAX OR	R MAIL THIS FORM TO:
	E BENEFITS MANAGEMENT COMPANY

850-425-6200 1-800-872-0345 Customer Service 1-800-342-8017 FAX 850-425-4608 www.fbmc-benefits.com