

FBMC

Fringe Benefits Management Company

TO: HEALTH CARE PROFESSIONAL
FROM: FRINGE BENEFITS MANAGEMENT COMPANY
RE: 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.

EMPLOYEE/SS #: _____ DATE: _____

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 MAIL THIS FORM TO:
FRINGE BENEFITS MANAGEMENT COMPANY
Post Office Box 1800, Tallahassee, Florida 32302-1800 • FAX 850-425-4608