

# P&A FSA LETTER OF MEDICAL NECESSITY FORM



Certain Flexible Spending Account (FSA) items are eligible for reimbursement only if a letter of medical necessity is provided. It must include a diagnosis of a medical condition and state that the expense is necessary to treat the medical diagnosis. Examples of expenses that are deemed as medically necessary in order to treat a medical condition (and therefore are eligible for reimbursement under the FSA plan) include massages, gym memberships and weight loss programs. Your physician must complete and sign the form below, thereby acknowledging that the medical expense is being used to treat a medical condition. This form is valid for one year from the date of signature. *(Please note: this form is not to be used for reimbursement of over-the-counter medications. Those items require a doctor's prescription as part of the Health Care Reform Act.)*

Sign the form and submit it to P&A Group via:

FAX: (877) 213-8917

E-MAIL: [ncflexclaims@padmin.com](mailto:ncflexclaims@padmin.com)

MAIL: P&A Group Attn: NC FSA Plan  
17 Court Street Suite 500  
Buffalo, NY 14202

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Patient Name (if different than above): \_\_\_\_\_

*This section must be completed by the attending physician to confirm if treatment is necessary for a specific medical condition.*

Please diagnose the medical condition being treated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the required treatment: \_\_\_\_\_

\_\_\_\_\_

*I assert that this treatment is medically necessary to treat the specific medical condition noted above. This treatment is not in any way intended for general health maintenance or cosmetic purposes.*

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name:	Provider License #:	Provider Telephone Number:
_____	_____	( ) _____

*If you have any questions please contact NCFlex Customer Service at (866) 916-3475.*