



# CERTIFICATION OF MEDICAL NECESSITY

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary.

PBS has developed this certification to assist you and your health care provider in supplying the information we need in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all the information on this form.

## PLAN INFORMATION

EMPLOYER NAME

## PARTICIPANT INFORMATION

FIRST NAME

MI

LAST NAME

SOCIAL SECURITY NUMBER

DAYTIME PHONE NUMBER

E-MAIL ADDRESS

## CERTIFICATION DETAIL\* – To be completed by your doctor or other licensed health care professional

PATIENT NAME

DIAGNOSIS

RECOMMENDED TREATMENT

LENGTH OF RECOMMENDED TREATMENT

HOW TREATMENT WILL ALLEVIATE THE DIAGNOSIS OR SYMPTOMS

*\*PBS's role is to ensure that the proper documentation is submitted for reimbursement under the Plan, and not to determine whether the treatment prescribed by your doctor or other licensed health care provider is medically necessary. PBS will review this letter of medical necessity only for completeness.*

## HEALTH CARE PROVIDER DETAIL

PROVIDER NAME

PROVIDER SIGNATURE

PROVIDER ADDRESS & TELEPHONE NUMBER

DATE

PLEASE RETURN COMPLETED FORMS TO PBS, INC.  
FAX 303.221.2785 • E-MAIL [help@cci-pbs.com](mailto:help@cci-pbs.com)