Health Care Flexible Spending Account
Statement of Medical Necessity

Internal Revenue Service (IRS) regulations limit some health care services and products are only eligible for reimbursement from your Health Care FSA when your doctor or other licensed health care provider certifies that they are medically necessary and meet the requirements of IRC sec. 213 (d)(1). Your provider must indicate your (or your qualified tax dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate the medical condition. You may obtain a list of eligible expenses once you log into your account at www.tri-ad.com.

Use this form to have your health care provider provide the information needed to process the claim. He/she can also submit a statement on his/her letterhead, as long as it includes all of the information on this form.

Note: If the treatment extends beyond the time period listed, you must submit a new document covering the new time period. A new Statement of Medical Necessity (or a letter from your provider) must be submitted each new plan year. ***Submitting this document does not guarantee that the expense will be reimbursed.***

Employee Name	Date
Employer Name	SSN
Patient Name	Relationship to Employee
Diagnosis	Treatment Code (CPT)
Recommended Treatment	
How will the treatment alleviate the diagnosis?	
Duration of treatment	

Service Provider Information		
Provider Name	License No. and State:	
Provider Signature	Phone No.	
Provider Street Address		
City	State	ZIP

Please include this completed, signed document with your claim documentation when you file your claim. If you are providing it after you have filed your claim, please provide it as instructed on the request for documentation.

Questions? Contact TRI-AD Participant Services at 888-844-1372
Monday – Friday from 5:00 a.m. to 6:00 p.m. Pacific Time