SISC Flex Plan
Certification of Medical Necessity

The Internal Revenue Service (IRS) regulations specify that in order to reimburse products and/or services that may have both a medical purpose and a personal or general health purpose; we must require a medical practitioner's certification or letter. Some health care services and products are potentially eligible for reimbursement from your SISC Flex Health Care Flexible Spending Account when your medical practitioner certifies that they are medically necessary. Your provider must indicate your (or your spouse's or dependent's) specific medical condition, the specific treatment needed, and the duration of treatment.

SISC Flex has developed this certification to assist you and your medical practitioner in providing the information needed in order to process your claim. A written statement from your provider would also be acceptable, as long as the letter includes all the information on this form.

You must submit this certification or a letter from your medical practitioner containing the same information, with the initial claim for the service or product. If the treatment extends beyond the duration listed below, you must submit a new certification or letter covering the new time period.

Participant Section:

Patient Name:	
Participant/Employee Name:	

Medical Practitioner Section:

Medical Condition/Diagnosis:	
Recommended Treatment – MUST BE PRECISE, i.e.: • Name of supplements and herbs need to be itemized • Specific exercise equipment (bike, treadmill, join health club) *We reimburse according to the listed items only.*	
Indicate duration of treatment:	Start Date: MM / DD / YR End Date: MM / DD / YR
	☐ Or check the box on the left and enter a start date above if this condition and your recommended treatment is required for the **lifetime** of the above patient.
Provider's Information:	Name:
	Tax ID#:

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Provider Signature: **Date:**

Note: SISC Flex'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 health care provider is medically necessary. SISC Flex will review this certification of medical necessity only for completeness.

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