



Certification of Medical Necessity

Submission Form

Under Internal Revenue Service (IRS) rules, some health care services and products are eligible for reimbursement from your Health Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your spouse's and/or dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate the medical condition.

125MAX LLC has developed this submission form to assist you and your health care provider in providing 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 requested on this form.

You must submit this certification and/or your provider's letter containing the same information, with each and every claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you need to submit a new certification/physician letter covering the new time period.

Employer: _____

Participant Name: _____

Patient Name: _____

Diagnosis: _____

Recommended Treatment: _____

How will the recommended treatment alleviate the diagnosis or symptoms? _____

What is the length of treatment? _____

Provider Name: _____

Provider Address: _____

Provider Telephone: _____

Provider Signature: _____

Date: _____

If you have questions you may call 125MAX LLC toll-free at **1-800-843-6608**.

Note: 125MAX LLC's role is to verify that the proper documentation is submitted for reimbursement under the Plan, not to determine whether the treatment prescribed by your doctor or other licensed health care provider is medically necessary. 125MAX LLC will review this letter of medical necessity for completeness and to ensure the expenses are eligible under IRS regulations.

To the best of my knowledge and belief the statements on this medical necessity certification form are accurate and true. If any claim for reimbursement is not an eligible expense under the plan I will be responsible for payment of all related liabilities including federal and state income taxes and any applicable penalties resulting from improper reimbursement from the plan.

Date: _____ Participant Signature: _____