



Flexible Spending Account Letter of Medical Necessity

Employee Must Complete This Section

Name (Last & First Name)	ID #
Name of Employer	Email Address

Prescribing Physician Must Complete This Section

Physician Address	Physician Phone
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Certain items may be considered eligible expenses under your Flexible Spending Account (FSA) by the Internal Revenue Service (IRS) if deemed Medically Necessary by a prescribing physician. In order to facilitate the processing of your claim, please have your provider complete the question below.

Please explain the diagnosed medical condition being treated, the treatment you recommend and how such treatment relates to the medical condition.

DX: _____ Duration of time treatment is required: _____

Physician Signature - This form is valid for one year from the date of your signature	Date
Physician Printed Name	Tax ID or NPI number

Please fill out the information above and submit your documentation to:

Professional Benefit Administrators, Inc.
P.O. Box 4687
Oak Brook, IL 60522
Attn: Flexible Spending Account Department

Phone: 800-435-5694
Fax: 630-286-4660
E-mail: fsa@pbaclaims.com