EBS Benefit Solutions
An Excellus Company

Certification of Medical Necessity

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Email Address

Social Security Number / Member ID | Phone Number

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your FSA/ HRA Account when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must fully complete this Certification to render the services eligible.

You must submit a copy of this Certification prior to submitting your first Reimbursement Request Form for this specific service or product. If treatment extends beyond the time period listed, you will need to submit a new Certification detailing the new time period.

Medical Information

Patient's Name:	Relationship to Participant:
Medical Condition:	
Recommended treatment/services/products:	
Describe how the treatment/service/product will alleviate the diagnosis or symptoms:	
What other treatments have been attempted?	
For how long will the treatment/services/products be required:	Is this expense medically necessary? ❑ Yes ❑ No

Provider Information

Provider Name:	Phone # (with area code):
Provider Signature:	Date:

- Mail to EBS Benefit Solutions, FSA Dept. 30 Perinton Hills Mall, Fairport NY 14450.
- Please be sure to provide your SSN or Member ID.
- Call Customer Service with questions at 800-327-7130.

By submitting this form to EBS, I certify that this information is true and correct.

Participant Signature: _____ Date: _____