

Certification of Medical Necessity Submission Form

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care 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 or dependent's) specific diagnosis, the specific treatment needed, and how this treatment will alleviate your medical condition.

Ulster Insurance Services has developed this certification 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 on this form.

You must submit this certification, or your provider's letter containing the same information, during each new plan year. However, if the treatment extends beyond the period listed, you need to submit a new certification/physician letter covering the new period.

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| Employee Name | |
| Phone Number | |
| Patient Name | |
| Diagnosis | |
| Recommended Treatment | |
| How will the recommended treatment alleviate the diagnosis or symptoms? | |
| How long is the treatment required? | |
| Provider Name | |
| Provider Address | |
| Provider Telephone # | |
| Provider Signature | |
| Date | |

If you have questions, you may contact Ulster Insurance Services at (845)338-6000x 3930. *Note: UIS 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 licensed healthcare provider is medically necessary. UIS will review this letter of medical necessity only for completeness.*

Ulster Insurance Services
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