DMBA

150 Social Hall Avenue, Suite 170
P.O. Box 45530 • Salt Lake City, UT 84145
Telephone: 801-578-5600 • Toll free: 800-777-3622
Fax: 801-578-5901 • Website: www.dmba.com

FLEXIBLE SPENDING LETTER OF MEDICAL NECESSITY

To qualify for Flexible Spending reimbursement, DMBA requires a licensed healthcare provider to confirm that healthcare expenses are recommended for treatment and are a direct result of a specific medical condition. To do this, please complete this form with your licensed healthcare provider and return it to DMBA.

PERSONAL INFORMATION (REQUIRED)

Patient name: _____ DMBA ID number: _____

Employee name: _____

Employee address: _____

Home telephone: _____ Work telephone: _____

LICENSED HEALTHCARE PROVIDER STATEMENT

Medical condition: _____

_____

Recommended treatment: _____

_____

Duration of treatment: _____

I certify the recommended treatment is medically necessary to treat the specific medical condition described above and is not solely for general good health or cosmetic reasons.

Provider's name (PRINT): _____

Provider's signature: _____ Date: _____

GENERAL INFORMATION

- This form will be valid for expenses incurred within one year from the date on the form. For an ongoing medical condition, a new form must be submitted annually.
- Submitting this form does not guarantee expenses are eligible for reimbursement from your Healthcare Flexible Spending Account.

To submit this form and/or Flexible Spending claim, send it along with any necessary attachments to:

DMBA Flexible Spending
P.O. Box 45530
Salt Lake City, Utah 84145

If you have questions about this form or expense eligibility, call DMBA or visit our website:

Salt Lake City area. 801-578-5600
Toll free 800-777-3622
Fax number 801-578-5901
Website . . . . . .www.dmba.com