

Submission Form

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Flexible Spending Account (FSA) 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.

This certification can be used 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. However, if the treatment extends beyond the time period listed or beyond one calendar year, you need to submit a new certification/physician letter covering the new time period.

Employee Name

Alternate ID/SSN

Email Address

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 Number

Provider Signature

MAIL your claim form to:

Consociate
P.O. Box 1068
Decatur, IL 62525

- Include the claim form and receipts.
- Remember to keep a copy of the claim form and supporting documents for your records.

OR

FAX your claim form to:

217-233-2281

- Please be sure to number each attachment page (i.e. page 2 of 3, page 3 of 3, etc.)
- If you fax your claim with receipts, please do not follow-up with a hard copy in the mail.
- Remember to keep the original claim form and supporting documents for your records.