Discovery Benefits®

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Medical Necessity Form

This form is to be completed when submitting dual purpose expenses. Per IRS regulations, dual purpose expenses are only eligible if recommended by a medical practitioner, as they have both a medical purpose and a personal, cosmetic or general health purpose. For a list of dual purpose expenses, please visit our website.

This form need only be submitted once for each specified medical diagnosis and recommended or prescribed treatment.

*Required Fields

Step 1: Participant Information

*Participant Name (First, MI, Last)

*Social Security Number

*Employer Name (Do not abbreviate)

*Employee ID

Step 2: Claim Information

*Is this form being submitted for a previously denied claim? If neither box is selected, the form will be processed as "no".

☐ Yes ☐ No

If yes, please provide the claim number(s) for which you are submitting this form. Failure to provide the appropriate claim number(s) will result in the Medical Necessity Form being added to your account (if approved) and previous claim denials not being reprocessed.

Claim Number

Claim Number

Claim Number

Step 3: Medical Practitioner Recommending the Treatment

*Medical Practitioner or Physician Name

*Phone Number

*Name and Type of Medical Practice

*Address

*City

*State

*Zip

Step 4: Medical Necessity Information

*Recipient of Treatment (First, MI, Last)

*Medical Diagnosis or Diagnosis Code

Example: 724.2 (Lumbar Back Pain)

*Treatment

Example: Massage Therapy

Step 5: Participant Certification

I hereby certify that the reimbursement requests I am submitting are considered medically necessary and are IRS eligible expenses. I also understand that Discovery Benefits, including its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

*Signature

*Date