



Please fax, email, or mail to:
Goldleaf Partners
Flexible Spending
PO Box 40400
Mesa, Arizona 85274

Email: flex@goldleafpartners.com
Phone: (480) 782-1841
Fax: (480) 782-1842

Medical Necessity Form General

In some cases, a participant is asked to verify the item(s) or service purchased meets IRS regulations for medical necessity. This occurs when an item purchased or service provided is considered "dual purpose." Dual purpose items are those that have both a medical purpose and a personal/cosmetic or general health purpose. If an item you purchased or service you received fits this category, please complete this form verifying the medical necessity and send it to Goldleaf Partners along with your reimbursement request form and claim substantiation.

1. Participant Information

<input type="text"/>			<input type="text"/>		
Employee Name (First, MI, Last)			Employer Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Social Security Number					
<input type="text"/>			<input type="text"/>		
Email address			Phone Number		

2. Medical Practitioner Information

<input type="text"/>	<input type="text"/>
Medical Professional Name	Phone Name
<input type="text"/>	
Name and Type of Medical Practice	
<input type="text"/>	<input type="text"/>
Address	City, State & Zip

Provider's Signature

3. Medical Necessity Information

Medical Diagnosis

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Treatment or Medication medically necessary for diagnosis, please include duration if applicable.

<input type="text"/>
<input type="text"/>
<input type="text"/>

I hereby certify that the reimbursement requests I am submitting are considered medically necessary and are IRS eligible expenses and would not be purchased or incurred except for the medical diagnosis listed above. I also understand that Goldleaf Partners, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. I understand that every new plan year will require a new form and submission for eligibility.

<input type="text"/>	<input type="text"/>
Participant Signature	Date