



Statement of Medical Necessity

IRS guidelines state that only services which are primarily for the diagnosis, treatment or mitigation of a medical condition are eligible for reimbursement. Therefore, dual purpose expenses which may be for both medical and non-medical reasons require this Statement of Medical Necessity to be completed by the provider.

To be completed by the participant:

Patient Name: _____

Employee Name: _____

Employer Group Name: _____

To be completed by the ordering physician:

Treatment /Supplement	Diagnosis & Diagnosis Code	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This treatment has been determined to be medically necessary to treat the medical conditions as described above. This treatment has not been prescribed for general health nor has it been prescribed for cosmetic reasons.

Signature of Ordering Physician

Date

Print Name

Please return to:

csONE Benefit Solutions
PO Box 1320
Concord, NH 03302-1320

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Phone: 1 888-227-9745
Fax: 1 603 224-4256