

Employer

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Participant First Name	MI	Last Name

Address

City	State	Zip Code

Email Address	Date of Birth										
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Social Security Number (include dashes)/ Employee ID	Phone Number										
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Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your FSA/HRA Account when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must fully complete this Certification to render the services eligible.  
*You must submit a copy of this Certification prior to submitting your first Reimbursement Request Form for this specific service or product. If treatment extends beyond the time period listed, you will need to submit a new Certification detailing the new time period.*

<b>Medical Information—Please print clearly</b>	
Patient's Name:	Relationship to Participant:
Medical Condition:	
Recommended treatment/services/products:	
Describe how the treatment/service/product will alleviate the diagnosis or symptoms:	
What other treatments have been attempted?	
For how long will the treatment/services/products be required:	Is this expense medically necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Provider Information</b>	
Provider Name:	Phone # (with area code):
Provider Signature:	Date:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Mail to EBS-RMSCO, Inc., FSA Dept. 30 Perinton Hills Mall, Fairport NY 14450; or Fax to # (877) 256-7228.</li> </ul> | <ul style="list-style-type: none"> <li>• Please be sure to provide your SSN or Employee ID.</li> <li>• Call Customer Service with questions at 800-327-7130.</li> </ul> |
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