



# 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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Fax: 1 603 224-4256