

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.

Please complete and submit this form for any dual-purpose expense for which you are requesting reimbursement.

## Step 1: Participant Information

\*=Required Fields

\*Employer Name (Do not abbreviate.)

\*Member ID

\*Participant Name (First, MI, Last)

Note: Reimbursements will be sent to the address on file with UPMC Benefit Management Services. If an address change or update is needed, please contact your Human Resources Administrator to update.

## 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 Information

\*Medical Practitioner or Physician Name

 -  - 

\*Phone Number

\*Name of and Type of Medical Practice

## 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 UPMC Benefit Management Services, including its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

By submitting this form, I certify the above.

\*Participant Signature

\*Date

### Mail this signed form to:

UPMC Benefit Management Services

PO Box 2784

Fargo ND 58108-2784

Claims Fax: 1-844-361-4700

Email: [flexadvantage@upmc.edu](mailto:flexadvantage@upmc.edu)