



MEDICAL NECESSITY FORM

In some cases, a participant is asked to verify the item 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 medical purpose and a personal/cosmetic or general health purpose (i.e. supplements or clinical massage). If an item you purchased or service you received fits this category, please complete this form verifying the medical necessity and fax it to P5 Health Plan Solutions along with your reimbursement request form and claim substantiation.

Participant Information – Missing information may delay the processing of your reimbursement.

Name	<input type="text"/>	Employer	<input type="text"/>
Social Security Number	<input type="text"/>	Employee ID #	<input type="text"/>
Street Address	<input type="text"/>		
City, State ZIP	<input type="text"/>		
Email Address	<input type="text"/>	Phone #	<input type="text"/>

Medical Practitioner Information

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

Medical Necessity Information

Medical Condition	<input type="text"/>		
<input type="text"/>			
Treatment or Medication (include duration of treatment 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. I also understand the P5 Health Plan Solutions, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

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

Date

PLEASE FAX TO 801-474-2522 OR MAIL TO P5 HEALTH PLAN SOLUTIONS PO BOX 9554, SALT LAKE CITY, UT 84109