

Medical Necessity Form

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. For a list of dual purpose expenses, please visit our website.

Please complete and submit this form for any dual purpose expense for which you are requesting reimbursement. If submitting this form for a previously denied claim or debit card purchase, please include a copy of the denial notification or the appropriate form along with the itemized receipt or statement you originally submitted.

This form need only be submitted once for each specified medical diagnosis and recommended or prescribed treatment.

* = Required Fields

Step 1: Participant Information

*Participant Name (First, MI, Last)

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*Social Security Number

*Employer Name (Do not abbreviate)

*Employee ID

Updates or changes to your information can be made by logging into your account at www.discoverybenefits.com

Step 2: Medical Practitioner Information

*Medical Practitioner or Physician Name

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*Phone Number

*Name of and Type of Medical Practice

*Address

*State

*Zip

Step 3: 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 4: 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 Discovery Benefits, including its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

*Participant Signature

*Date

