

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

*=Required Fields

Step 1: Consumer Information	
*Employer Name (Do not abbreviate)	* Employee ID
*Consumer Name (First, MI, Last)	*Social Security Number
*Day Telephone	

Updates or changes to your information can also be made by logging into your account at <http://MyAccounts.hsabank.com>

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".			
<input type="checkbox"/> Yes	<input type="checkbox"/> 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	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)	*Treatment (Example: Massage Therapy)
*Medical Diagnosis or Diagnosis Code (Example: 724.2 Lumbar Back Pain)	

Step 4: Consumer Certification	
I hereby certify that the reimbursement requests I am submitting were incurred at the recommendation of my physician and that all information submitted or attached hereto is true and correct.	
*Consumer Signature	*Date

Mail signed form and supporting documentation to:
HSA Bank, P.O. Box 2744, Fargo, ND 58108-2744
Email: hsaforms@hsabank.com
Fax: 1-855-764-5689

Questions? Please call the Client Assistance Center at **1-855-731-5213**.