

Please visit myUTFLEX.com for a full list of Flexible Spending Account (FSA) eligible and ineligible expenses. The IRS also provides a detailed list of expenses eligible under tax-advantaged plans in Publication 502. A licensed healthcare provider may prescribe treatment outside of the standard list as necessary to treat a medical condition or diagnosis. If this applies to you or one of your covered dependents, please have your provider complete this form and submit it to questions@maestrohealth.com to ensure prompt reimbursement from your FSA. If approved the letter is good for 1 year from date of approval.

MEMBER / PATIENT INFORMATION (To be completed by Member)

Patient Name	
Member Name	Member Number
Employer Name	
I certify that the expense is for the medical condition described below. I am only incurring the expense to treat this medical condition.	
Member Signature	Date

PRESCRIBED TREATMENT (To be completed by Licensed Healthcare Provider)

Provider Name
Provider Address
Medical Condition Being Treated
Recommended Treatment (must include specific treatments, services, frequency)

LETTER OF MEDICAL NECESSITY

Treatment Start Date:	Treatment End Date:
I certify this is a medically necessary treatment for the patient named above who is also under my care.	
Provider Signature	Date

Include a copy of this completed form with your first claim and we will keep it on file.
Submit claims online at myUTFLEX.com or through the **mSAVE Mobile App**.