Medical Necessity Form

This form is to be completed when submitting "dual-purpose" expenses. Per IRS regulations, dual-purpose expenses are eligible only if recommended by a medical practitioner, as they have both a medical purpose and a personal, cosmetic or general health purpose. You can submit this form in any of the following ways:

Online: Log in to your HSA Bank account. If you haven't created your username and password yet, please do so at **hsabank.com** and then log in. Next, select Resources from the left navigation, and in the Secure Document Upload section, click Upload.
Email: **hsaforms@hsabank.com**; Mail: HSA Bank, P.O. Box 2744, Fargo, ND 58108-2744
For assistance, please call 855-731-5213.

All fields are required.

Step 1: Consumer Information

Employer name (do not abbreviate):	Employee ID:
Consumer name (First, MI, Last):	Social security number:
Phone:	

***Updates or changes to your information can also be made by logging in to 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."

☐ **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:	Claim number:

Step 3: Medical Practitioner Information

Medical practitioner or physician name:	Physician signature:
Name of and type of medical practice:	Phone number:

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 5: 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:**