



Doctor's Statement Form for Healthcare Expense

The Internal Revenue Service requires a doctor's statement be provided for certain healthcare expenses in order to be reimbursed from your healthcare Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA). The doctor's statement must indicate the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition.

SHPS has developed the following form to assist you and your healthcare provider in providing the information we need in order to process your reimbursement request. Your provider can also write a letter on his or her letterhead, as long as the letter includes **all** the information on this form.

For fast and accurate processing of your reimbursement request, please make sure to include this doctor's statement form or your provider's letter along with an itemized receipt or other documentation. The reimbursement request form can be found on www.myshps.com.

Please note: If your treatment extends beyond the time period listed below, you will need to submit a new doctor's statement form.

Employee Name	
Alternate ID/SSN	
Email Address	
Phone Number	

Patient Name	
Diagnosis	
Recommended Treatment	
How will the recommended treatment alleviate the diagnosis or symptoms?	
How long is the treatment required?	

Provider Name	
Provider Address	
Provider Telephone #	
Provider Signature	
Date	

Questions? Need a list of eligible expenses? Go to www.mySHPS.com or call SHPS Customer Service at 1-800-678-6684.

Note: SHPS' role is to ensure that the proper documentation is submitted for reimbursement under the Plan, and not to determine whether the treatment prescribed by your doctor or other licensed health care provider is medically necessary.