



Medical Determination Form

You may submit your claim along with this completed form securely by logging into your account at www.taxesaverplan.com, via email to claims@taxsaverplan.com, or via fax to 214-528-8122.

All sections must be completed & signed by the medical provider (page 1) and the plan participant (page 2).

Participant Name: _____ **Social Security Number:** _____

Participant’s Employer: _____ **Patient’s Name:** _____

Patient State of Residence: _____

This form must be completed and signed by a medical practitioner licensed in the state in which the patient resides to confirm the treatment is necessary to treat the specific medical diagnosed medical condition or disease. PLEASE NOTE THAT THIS FORM MUST ACCOMPANY THE ITEMIZED RECEIPT(S) AND WILL BE REVIEWED FOR ELIGIBILITY UNDER YOUR EMPLOYER’S PLAN. THE COMPLETION OF THIS FORM BY A DOCTOR DOES NOT GUARANTEE REIMBURSEMENT. All expenses must meet the criteria for 213(d) medical expenses for reimbursement and would not have been incurred but for the diagnosed medical condition or disease.

Please note: Completion of an online survey or form to obtain a letter of medical necessity does not qualify as a medical evaluation.

Diagnosed medical condition or disease, including CPT and/or ICD-10 code, that requires treatment:

Date of the onset and/or diagnosis of the medical condition or disease: _____

Describe the specific recommended treatment(s): _____

Length of specified treatment(s): _____

Please note that the duration of the treatment must not exceed the end of your current plan year and is not being incurred but for the diagnosed medical condition or disease. We must have a current letter on file from your practitioner each active plan year for reimbursement consideration of your dual purpose expense(s).

Provider Signature: _____ **Date:** _____

State License Number: _____ **Phone:** _____

Address: _____

By signing this form I certify under penalty of perjury that I am a licensed medical provider in the state of _____. I have met in person with and/or engaged with the patient directly using real-time telehealth phone and/or video technologies. Based on my professional assessment and evaluation, I have diagnosed and/or concur with the diagnosis above. In my professional judgement, I recommend the specific treatment(s) or service(s) listed above as medically necessary for the treatment and management of the patient’s medical condition. This treatment is essential to the diagnosis, cure, mitigation, or treatment of the patient’s medical condition.

By signing this form I certify under penalty of perjury that the expense(s) which this form supports are medical expenses as defined under section 213(d) of the Internal Revenue Code. I further attest that the expense(s) have been or will be incurred by me or my eligible dependent(s), the expenses are necessary for the diagnosis, cure, mitigation, or treatment of disease, the expenses would not have been incurred but for the medical condition, I have not been reimbursed from these expenses by another other plan, and I will not seek reimbursement from any other source. I understand that any amounts reimbursed that are not for qualified medical expenses under IRC Section 213(d) must be reported as taxable income and maybe subject to penalties. Furthermore, I agree to hold harmless TaxSaver Plan, Navia Benefit Solutions, Inc., my employer, and the underlying plan, from any an all liability, damages, costs, penalties, including legal fees, that may arise if it is determined that the Medical Determination form is not valid, the expense would have been incurred but for the medical condition, or any of the expenses claim do not qualify as medical expenses under IRC Section 213(d).

Participant Signature: _____

Date: _____

Pretax spending accounts, including flexible spending arrangements (FSAs) and health reimbursement arrangements (HRAs), may only reimburse eligible expenses pre-tax as permitted by the IRS. Certain medical expenses are not reimbursable under a Health Care FSA or HRA, unless a physician or medical practitioner states that the service or product is medically necessary. Code Section 213(d) “The term medical care means amounts paid – (A) For the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body,”

*When submitting claims for reimbursement for a FSA or HRA, expenses that may be considered “dual purpose” require a Letter of Medical Necessity (LMN). A dual purpose expense is an expense that could be used for both medical and non-medical reasons (such as general health/wellness). **In order to evaluate whether a dual purpose item may be FSA eligible, a patient must have an evaluation completed by a medical professional. Completion of an online survey to obtain a letter of medical necessity (TrueMed, etc.) does not qualify as a medical evaluation.***

In IRS News Release IR-2024-65, the IRS warns that taxpayers are being misled that personal expenses could be medical expenses if such expenses are supported by a LMN. IRS News Release IR-2024-65 also states self-diagnosis is not sufficient to determine medical necessity of a dual purpose expense. In the frequently asked questions about medical expenses related to nutrition, wellness, and general health issued by the IRS on March 17, 2023, dual purpose expenses may be eligible if the patient’s physician or medical practitioner has diagnosed a medical condition and recommended a specific item or service to treat the diagnosed medical condition. The IRS has also commented on the need for a Medical Determination Form or Letter of Medical Necessity in several information letters, including IRS Information Letters 2022-0005 and 2016-0013.

If you have any questions, please contact our Customer Service Department Monday – Friday 8:30am – 5:45pm CST by calling 214-559-0472, 800-328-4227, or via email at csr@taxsaverplan.com.