



Under IRS rules, some health care services and products are only eligible for reimbursement from your medical reimbursement account when your doctor or other health professional certifies that they are necessary.

## PRESCRIPTION FORM FOR OVER-THE-COUNTER (OTC) MEDICATION

### EMPLOYEE INFORMATION

Date Requested:

Account Holders

Name:

Patients Name:

Last four of SSN:

### RECOMMENDATION DETAILS (COMPLETED BY THE PROVIDER)

Medication(s) or drug(s) being prescribed:

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### HEALTH PROFESSIONAL INFORMATION

Certification: This treatment is not for general health or cosmetic purposes.

Name of Health professional

Signature of Health Professional

Date

#### Instructions to Flexible Spending Account (FSA) Plan Participant:

Upload this completed document with your 24HourFlex online claim, your claim denial or RMI. This image is confidential and will be used only for the purpose of processing claims. You must have this form completed and submitted each plan year. This information is strictly confidential and will be used only for the purpose of processing claims. You must have this form completed and submitted each plan year.