cgi Business Solutions

Statement of Medical Necessity

IRS guidelines state that only services which are primarily for the diagnosis, treatment or mitigation of a medical condition are eligible for reimbursement. Therefore, dual purpose expenses which may be for both medical and non-medical reasons require this Statement of Medical Necessity to be completed by the provider.

To be completed by the participant:

Patient Name: _____

Employee Name: _____

Employer Group Name: _____

To be completed by the ordering physician:

Treatment /Supplement	Diagnosis & Diagnosis Code	Duration

This treatment has been determined to be medically necessary to treat the medical conditions as described above. This treatment has not been prescribed for general health nor has it been prescribed for cosmetic reasons.

_____ _____

Signature of Ordering Physician Date

_____

Print Name

Mail claims to: CGI Business Solutions
Claims Processing Department
5 Dartmouth Drive
Auburn, NH 03032

Fax Claims to: 603-232-9363
E-mail to: claims@cgibusinesssolutions.com

CGI Use Only: Claim received date: _____ Processed by:

@ CGI Business Solutions 2021