



PAYPRO ADMINISTRATORS

6180 Quail Valley Court  
Riverside, CA 92507

951.656.9273 phone  
800.427.4549  
951.656.9276 fax  
www.pagroup.us

**Medical Determination Form**

Under IRS guidelines, certain expenses are ineligible for reimbursement unless accompanied by a statement from a physician or other qualified medical practitioner indicating the specific medical diagnosis and the reason the service/supply is medically necessary for treatment. To help determine if your expense is eligible for reimbursement, this form should be completed and signed by your physician or medical practitioner. **You must include a copy of this form with each claim submitted during the course of treatment.**

Employee Name: \_\_\_\_\_  
Employee Social Security Number: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Patient Name: \_\_\_\_\_

Describe the diagnosed medical condition being treated (include diagnosis code):

\_\_\_\_\_  
\_\_\_\_\_

Describe the recommended treatment:

\_\_\_\_\_  
\_\_\_\_\_

Indicate the duration of the treatment:

\_\_\_\_\_  
\_\_\_\_\_

I certify this treatment is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes to improve the patient's appearance.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Date