



This form is to be completed when submitting dual-purpose expenses. Per IRS regulations, dual-purpose expenses are eligible only if recommended by a medical practitioner, as they have both a medical purpose and a personal, cosmetic or general health purpose. This does not include products purchased. Any expenses that are products will need a doctor's note. For a list of dual-purpose expenses, please visit our website.

This form needs to be submitted only once for each specified medical diagnosis and recommended or prescribed treatment.

**\*Required Fields**

**T T I T**

**\*Participant Name (First, MI, Last)**

**T I T**

**M T T T T**

**\*Medical Practitioner or Physician Name**

**\*Name and Type of Medical Practice**

**M T N T**

**\*Recipient of Treatment (First, MI, Last)**

**\*Medical Diagnosis or Diagnosis Code**

**\*Treatment**

**T T C T**

I hereby certify that the reimbursement requests I am submitting are considered medically necessary and are IRS-eligible expenses. I also understand that WEX Health Inc., including its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.  T T E