

IBIS 125 Advantage Plan Medical Necessity Form

Return to: 105/125 Department
800.258.1415
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc
PO Box 6210
Johnston, IA 50131

This form is to be completed in part by the attending physician to confirm treatment is necessary for a specific medical condition.

Employee to complete

Employer Name/Location	Billing/Routing Number
Employee	Social Security Number
Patient	Relationship to Employee
Employee Signature	

Physician to complete

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

2. Describe the recommended treatment.

3. Indicate the duration of the treatment.

I certify that this treatment is medically necessary to treat a specific condition described above. This treatment is not in anyway for general health purposes and is not for cosmetic purposes to improve appearance.

Signature of Attending Physician _____

Print Name _____ Date _____

Address of Physician _____

Phone Number _____

Items requiring Doctors Letter include but not limited to

- | | | | |
|------------------------------|----------------------------|------------------------------------|-------------------------------|
| Acne Medications & Treatment | Massages | Nasal decongestant spray or drops | Special supplements |
| Foot spa | Minerals | Nasal strips to improve congestion | Special teeth cleaning system |
| Herbs | Multivitamins | Saline nose drops | Vitamins |
| Homeopathic treatments | Nasal decongestant inhaler | Sleeping aids | Wart removal medications |

