PO BOX 4346 • MISSOULA MT 59806 406-721-2222 • 877-424-3570 FAX 406-523-3149 • 877-424-3539



FLEXIBLE BENEFITS DUAL PURPOSE PROVIDER FORM

www.askallegiance.com

DATE:	
PARTICIPANT NAME:	SS #:
PATIENT NAME:	
DIAGNOSIS:	
Provider, please describe what the recommended treatment is, how the treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.	
Sincerely,	
Provider Signature	
Provider Name	
Provider License # and State	
THE TARGET ELECTRICAL WARM STATES	
Provider Telephone #	
A medical practitioner is defined as any health practitioner who is physician's assistant, nurse practitioner, chiropractor, acupuncturist, Practitioners and Alternative Healers will also be considered medical practitioners cannot diagnose or recommend treatment and thus Allegian consider them medical practitioners for the purpose of flexible benefitems/services.	MD, naturopath). Christian Science oractitioners. Massage Therapists and ce Benefit Plan Management will not
In order to reimburse for an item that is considered "dual purpose" (me specific medical condition or for general well-being such as herbs, mas must be recommended as a specific course of treatment for a specific treatment must be recommended by a medical practitioner. See about	sage therapy, vitamins, etc.); the item fic medical condition. The course of

practitioner. This "Recommendation" must be updated each year and will be noted on the account.