

\* Login to your account at [www.AskAllegiance.com](http://www.AskAllegiance.com)  
\* Submit this form along with your claim or debit card documentation

DATE:	
PARTICIPANT NAME:	SS #: _____ - _____ - _____
PATIENT NAME:	
DIAGNOSIS:	
<p>Provider, please describe what the recommended treatment is, how the treatment will alleviate the diagnosis or symptoms, and the duration of the treatment required.</p>	
Sincerely, Provider Signature	
Provider Name	
Provider License # and State	
Provider Telephone #	
<p>A medical practitioner is defined as any health practitioner who is licensed to practice in the state (i.e. physician's assistant, nurse practitioner, chiropractor, acupuncturist, MD, naturopath). Christian Science Practitioners and Alternative Healers will also be considered medical practitioners. <b>Massage Therapists</b> and <b>Herbalists</b> cannot <b>diagnose</b> or recommend treatment and thus Allegiance Benefit Plan Management will not consider them medical practitioners for the purpose of flexible benefits reimbursement of dual purpose items/services.</p>	
<p>In order to reimburse for an item that is considered "dual purpose" (meaning it can be used for treatment of a specific medical condition or for general well being such as herbs, massage therapy, vitamins, etc.); the item <b>must be recommended as a specific course of treatment for a specific medical condition.</b> The course of treatment must be recommended by a medical practitioner. See above for who is defined as a medical practitioner. This "Recommendation" must be updated each year and will be noted on the account.</p>	