CORE MANAGEMENT RESOURCES

Address: **Core Management Resources**
PO Box 90, Macon, GA 31202
eFax: 1-855-673-6714

Doctor's Directive

Your provider must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition.

Core Management Resources Group has developed this letter to assist you and your health care provider in providing the information needed in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all the required information on this form.

You only need to submit this form or your provider's letter containing the same information with the first claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you must submit a form or physician letter covering the new time period. You must submit a new Doctor's Directive each year services cannot be approved indefinitely. Submitting this form does not guarantee that you will be reimbursed for the expense.

The completed Doctor's Directive should be included in your initial Flexible Claim submission for review and reimbursement consideration.

Account holder information

Company name	Member ID		
Last name	First name		M.I.
Street address	City	State	ZIP
Email address (required)	Daytime Phone	Work Phone	

Patient information

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

Patient name	Diagnosis/Treatment (please print)

Describe the diagnosed medical condition being treated:

Describe the recommended treatment (Must be specific. If recommending supplements, herbs, or exercise equipment, list specific name(s) and itemize). Reimbursements will be made according to listed items only.

How will the treatment alleviate the diagnosed condition?_____

Treatment time period (not to exceed 12 months): Start date: **to End Date:**

This treatment is medically necessary to treat the specific medical condition described above. This treatment is not in any way for general health and is not for cosmetic purposes to improve appearance.

Physician name (please print)		Signature of Physician
Provider license number	Date	Provider phone number
Provider address		

If you have questions, contact Core Management Resources Group at 478-741-3521, they are available 8-5pm Monday through Friday.