

**Letter of Medical Necessity**

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your health savings account (HSA) when your doctor or other licensed health care provider certifies that they are medically necessary. 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.

HealthEquity has provided this letter in case you're audited by the IRS and need to provide documentation that the health care services and products you purchased were medically necessary. You do **NOT** need to submit this form to HealthEquity. It is provided for your convenience.

**Patient Information**

Patient Name \_\_\_\_\_

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

Describe the diagnosed medical condition being treated:

\_\_\_\_\_  
 \_\_\_\_\_

Describe the recommended treatment:

\_\_\_\_\_  
 \_\_\_\_\_

Duration of treatment (not to exceed 12 months): \_\_\_\_\_

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.

Print Physician Name	Signature of Attending Physician
Provider License Number	Date
Provider Address	Provider Phone Number