

INSTRUCTIONS:

In order to use your FSA or HSA funds for the purchase of Bonafide's products, please have your health care provider complete this form.

Some medical services and products are only considered eligible expenses when a doctor or other licensed health care provider certifies that they are medically necessary. Bonafide products may fall under this category. If you have questions about product eligibility we recommend contacting your insurance carrier directly to confirm.

Keep this form, along with a record of your medical visit and your Bonafide receipt as proof of eligibility in the case of an IRS audit. Each year you will need to renew this form with your healthcare provider.

FOR MORE INFORMATION ON FSA COVERAGE:

- Overview of Letter of Medical Necessity (LMN)
 - <https://fsastore.com/learn-letter-of-medical-necessity.html>
- Lubricants (Revaree)
 - <https://fsastore.com/fsa-eligibility-list/l/lubricants>
- Vitamins or nutritional supplements (herbal or natural medicines) (Relizen, Clairvee, Ristela, Serenol, Essentials)
 - <https://fsastore.com/learn-are-vitamins-considered-fsa-eligible-expenses.html>
 - <https://fsastore.com/learn-vitamins-fsahsa-eligible.html>

TO BE FILLED OUT BY PARTICIPANT
Participant Name

TO BE FILLED OUT BY LICENSED PRACTITIONER							
Medical Condition(s)							
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">Recommended Treatment</td> <td style="width: 15%; border: none;">Clairvee</td> <td style="width: 15%; border: none;">Revaree</td> <td style="width: 15%; border: none;">Relizen</td> <td style="width: 15%; border: none;">Ristela</td> <td style="width: 15%; border: none;">Serenol</td> <td style="width: 15%; border: none;">Essentials</td> </tr> </table>	Recommended Treatment	Clairvee	Revaree	Relizen	Ristela	Serenol	Essentials
Recommended Treatment	Clairvee	Revaree	Relizen	Ristela	Serenol	Essentials	
Duration of Treatment (If a chronic condition, please indicate "lifetime" as the duration of treatment)							
I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.							
Print Name of Licensed Practitioner							
Signature of Licensed Practitioner							
Date							

IMPORTANT: Please note that some payers may have specific forms that must be completed in order to document medical necessity, contact your insurance carrier directly for details. For reimbursement, complete the above form and attach your detailed Bonafide receipt when submitting to your health insurance carrier. Your documentation must include the date of purchase, the product purchased, the person for whom the product was purchased and the amount charged. In addition, certain expenses may require additional supporting documentation. These documents are required with each claim you submit.