

# **Medical Necessity Directive for HSA**

## **INSTRUCTIONS:**

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

Under Internal Revenue Service (IRS) rules, 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. Marea's menstrual wellness products fall under this category.

Keep this form, along with a record of your medical visit and your Marea 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.

## **HSA PARTICIPANT INFORMATION**

HSA Participant Name \_\_\_\_\_

## **MEDICAL CONDITION INFORMATION** (To be completed by the Provider)

Patient's Name \_\_\_\_\_

Medical Condition \_\_\_\_\_

Recommended treatment/service/product:

\_\_\_\_\_ **Marea PMS Elixir: The Menstruator Multivitamin**

The above protocol is recommended for \_\_\_\_\_ months.

Please describe how the treatment/service/product impacts the medical condition:

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

## **PROVIDER CERTIFICATION**

This treatment is deemed medically relevant to treat the medical condition as described above.

The treatment is not for general health or cosmetic purposes.

Provider Name(Please print)\_\_\_\_\_

Date Evaluated \_\_\_\_\_

Provider Signature\_\_\_\_\_