Medical Necessity Directive for HSA

INSTRUCTIONS:
In order to use your HSA funds for the purchase of Uqora’s urinary health 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. Uqora’s urinary health products fall under this category.

Keep this form, along with a record of your medical visit and your Uqora 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 (Circle all that apply)

Flush  Defend  Promote  Complete Regimen

The above protocol is recommended for ____ months.

Please describe how the treatment/service/product impacts the medical condition:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________ The above protocol is recommended for ____ months.

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_______________________________________________________