



LETTER OF MEDICAL NECESSITY

Under Internal Revenue Service (IRS) guidelines, some health care services and products are only eligible for (1) Reimbursement through a Flex Spending Account (FSA)/Health Reimbursement Account (HRA), or (2) Treatment as a Tax-Free distribution from a Health Savings Accounts (HSA), when your doctor or other licensed health care provider certifies that they are medically necessary.

If you (or your qualified dependent) has been diagnosed with a medical condition which your Dentist certifies and recommends the Hydro Floss® oral irrigator to treat or alleviate this medical condition, it may qualify for reimbursement through an FSA/HRA/PCA or tax preferred treatment through an HSA.

To be filled out by patient:

Date	_____
Participant Name	_____
Participant Employer	_____
Patient Name	_____

Mail or Fax this form and a copy of your invoice/receipt to your Administrator. Keep a copy for your records.

To be filled out by Dentist:

Diagnosis	_____
Treatment	<u>Hydro Floss® oral irrigator used twice daily for no less than 90 days</u> This treatment is medically necessary to treat or alleviate the specific condition diagnosed. It is not in any way for general health or cosmetic purposes.
Dentist Name	_____
Address	_____
Phone Number	_____
Dentist Signature	_____
Date	_____