Health Insurance Reimbursement

Flexible Spending Accounts (FSA)
Health Reimbursement Accounts (HRA)
Health Savings Accounts (HSA)

Health Insurance Reimbursement
Some insurance companies consider the cost of the Step One program to be a reimbursable expense provided certain conditions are met. You may be eligible to receive a full or partial reimbursement for the cost of your Step One program from your health insurance provider. To determine eligibility we recommend you follow these steps:

1. Ask your doctor to complete the letter of medical necessity attached.
2. Attach a copy of your Step One sales receipt.
3. Submit the signed letter of medical necessity along with your sales receipt to your health insurance provider for reimbursement.

Flexible Spending Account (FSA) & Health Reimbursement Account (HRA)
The cost of a nutrition program, when prescribed by your physician to treat a diagnosed medical condition such as heart disease, obesity, hypertension or diabetes, is a reimbursable FSA or HRA expense according to the IRS. Many plan administrators consider the Step One nutrition program to be a qualified expense under these guidelines. By following the claim process below, you can submit the cost of your program to your plan administrator for reimbursement.

1. Ask your doctor to complete the letter of medical necessity attached.
2. Fill out a FSA/HRA claim form provided by your plan administrator or HR department.
3. Attach a copy of your Step One sales receipt.
4. Submit the signed letter of medical necessity along with the claim form and your receipt(s) to your health insurance provider for reimbursement. Eligibility for reimbursement of the cost of the Step One program is at the sole discretion of your plan administrator.

Health Savings Accounts (HSA)
A Health Savings Account (HSA) is a tax-advantaged savings account used solely by individuals enrolled in a High Deductible Health Plan (HDHP) to pay for qualified medical expenses. Expenses paid for specialized nutrition programs, when prescribed by your physician to treat a diagnosed medical condition, are reimbursable. A signed letter of medical necessity (attached) and each of your Step One sales receipts are required for your records.
LETTER OF MEDICAL NECESSITY
DISEASE SPECIFIC NUTRITION: STEP ONE FOODS PROGRAM

This letter serves as a prescription and letter of medical necessity for the patient referenced below currently being treated for heart disease, hyperlipidemia, hypertension, or heart failure with or without obesity.

To be filled out by patient:

Patient Name ________________________________ Sex _______ DOB ______________
Address ___________________________ Phone ______________
City/State/Zip ______________________ SS# __________________
Physician ___________________________ Phone ______________ Fax ______________

To be filled out by physician regarding patient listed above:

<table>
<thead>
<tr>
<th>DATE</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>BMI</th>
<th>BMI Weight Class (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Normal (18.5 - 24.9)</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Overweight/Pre-obese (25.0 - 29.9)</td>
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<td></td>
<td></td>
<td></td>
<td>Obese (30.0-39.9)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely Obese (40.0+)</td>
</tr>
</tbody>
</table>

Physician Order: I refer this patient to be on the Step One Foods Heart Care Nutrition Support program.

Diagnoses (check all that apply)

_____ Congestive Heart Failure
_____ Morbid Obesity
_____ Type 2 Diabetes
_____ Mixed Hyperlipidemia

_____ Obesity
_____ Sleep Apnea
_____ Hypertriglyceridemia

_____ Hypercholesterolemia
_____ Coronary Atherosclerosis

_____ Impaired Glucose Tolerance

_____ Hypertension

_____ Other (list):

Physician Comments: ____________________________________________________________________

Physician Signature _____________________________________ Date ________________________

THANK YOU!
Patients should keep this letter for tax purposes for proof necessary for reimbursement under a Flexible Spending Account, Health Reimbursement Account, or Health Insurance Coverage Plan.