

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)

Target	Control	Promote	Complete Prevention Kit
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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_____