

Patient Guidelines for Flexible Spending Account Letters

The Holistic Health Clinic will provide necessary documentation of naturopathic services and supplements that were purchased from our dispensary so that you may use the funds in your medical Flexible Spending Account (Flex). This is provided as a free service. In order to facilitate this process and help your doctor, please print this form and answer the questions as thoroughly as possible. Incomplete forms may be routed back to you before your letter can be written. Please allow at least two weeks for the letter to be completed by your physician.

Who is the Flex letter for? _____

Date of Birth _____ Date of Request _____

Where should your Flex letter be sent? (Mark one option below):

Pick up at the Holistic Health Clinic

Mail to: _____

Fax to: _____

When is your Flex letter needed? _____

Which products and/or services need to be included in your Flex letter?

Please do not simply, such as "all of my supplements". List a specific product(s) and/or service(s) and the dates each of these items were purchased from our clinic. Only products and services purchased at the Holistic Health Clinic are eligible for this free service.

Product or Service

Date

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Does your company require the inclusion of prices for products and/or services in your Flex letter? Yes No

Note: If you want a "Flex" letter in support of products or services not dispensed or purchased from our clinic there is a \$30.00 administration fee charged to you. This fee is not covered by insurance.

Thank you for helping the doctors at the Holistic Health Clinic help you with this important task. If you have any questions, please contact the office.