

Patient Guidelines for Flexible Spending Account Letters

The Holistic Health Clinic will provide necessary documentation of naturopathic services and supplements that were recommended by our providers, so that you may use the funds in your medical Flexible Spending Account (Flex). **This is not a free service. For the time and expense of generating this letter, there is a fee of \$10, plus tax. Letters are limited to 10 items. If your list exceeds 10 items, please fill out an additional form, which will be charged at the same price.** These fees are not covered by insurance. 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 your flex letter to be completed.

Date: _____

Patient Name and Date of Birth: _____

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? _____ Does your letter need product cost included? _____

Which products and/or services need to be included in your Flex letter? (*Please list specific products and services, and the date purchased*)

Product or Service	Purchase Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	