

DIETARY SUPPLEMENTS QUALIFY FOR HSA/FSA REIMBURSEMENT

SAVE 20-30% ON DIETARY SUPPLEMENTS BY TAKING ADVANTAGE OF HSA/FSA REIMBURSEMENT.

What are HSA/FSA accounts?

HSA: Health Savings Account

An account set up for medical expenses not covered by a high deductible medical plan. Money placed in this account also reduces taxable income.

FSA: Flexible Spending Account

This account allows for the setting aside of pre-tax dollars for health reimbursements while reducing taxable income.

How it works:

1. Patients visit their prescribing healthcare professional to discuss the integration of dietary supplements into their plan of care.
2. The healthcare professional writes and signs a letter including their diagnosis and recommendation of specific supplements for that health reason. The healthcare professional may want to utilize the attached form for determining if an HSA/FSA account may be used to cover the cost of supplements. (Some insurance carriers may still require the attachment of the healthcare professionals letterhead to the form.)
3. HSA Account Holders will purchase vitamins with an HSA “debit” card or HSA check (and maintain a signed healthcare professional form on file in the event of an audit.)

FSA Account Holders will submit proof of payment and the signed form to their FSA administrator for reimbursement.

Which expenses are eligible for HSA/FSA reimbursement?

- Dietary supplements
- Prescriptions and qualified over-the-counter medications
- Co-pays

Are all dietary supplements eligible for reimbursement?

If they are recommended by a healthcare professional for a specific medical condition, they're eligible. For a complete listing of eligible expenses, visit irs.gov.

HSA/FSA REIMBURSEMENT FOR DIETARY SUPPLEMENTS

Name: _____

Date of birth: _____

Prescribing healthcare professional's name: _____

Prescribing healthcare professional's address: _____

Diagnosis/diagnoses:

Dietary supplements recommended for health plan:

I recommend the above nutritional as part of this patient's health plan, to address specific concerns associated with his/her health status.

Signature of prescribing healthcare professional

Date

