

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 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 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 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 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 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 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 sales receipts are required for your records.

**LETTER OF MEDICAL NECESSITY
DISEASE SPECIFIC NUTRITION**

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:

DATE	HEIGHT	WEIGHT	BMI	BMI Weight Class (check one)
				<input type="checkbox"/> Normal (18.5 - 24.9) <input type="checkbox"/> Overweight/Pre-obese (25.0 - 29.9) <input type="checkbox"/> Obese (30.0-39.9) <input type="checkbox"/> Extremely Obese (40.0+)

Physician Order: I refer this patient to be on a nutrition support program.

Diagnoses (check **all** that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Obesity | <input type="checkbox"/> Hypercholesterolemia |
| <input type="checkbox"/> Morbid Obesity | <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Coronary Atherosclerosis |
| <input type="checkbox"/> Type 2 Diabetes | <input type="checkbox"/> Hypertriglyceridemia | <input type="checkbox"/> Impaired Glucose Tolerance |
| <input type="checkbox"/> Mixed Hyperlipidemia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> 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.