Use your HSA or FSA for CareClinic

Many HSA and FSA plans reimburse CareClinic Premium when your provider confirms it treats a medical condition. This form holds everything your provider and your plan ask for.

1. **Fill in your details on page 2**
   Your name, date of birth and, if you know it, the condition. Fill in this PDF in Preview, Adobe Acrobat Reader or your browser and save it.
2. **Send it to your provider**
   Bring it to your next visit or attach it to a patient portal message. Your provider checks the boxes that apply, adds the diagnosis code and signs. The letter is already written.
3. **Get your receipt**
   App Store: Settings > your name > Media & Purchases > View Account > Purchase History. Google Play: play.google.com, then Payments & subscriptions > Budget & history. CareClinic: we email your receipt when you pay. Past invoices: log in, Settings > Manage subscription.
4. **Submit your claim**
   Send the signed letter, your receipt and the cover sheet on page 3 to your HSA or FSA administrator through their app, website or claim form.
5. **Keep copies**
   Save the signed letter. Many plans accept it for 12 months, so you may reuse it for each renewal in that period.

Message for your provider

Hi Dr. _____, I use the CareClinic app to track my symptoms, medications and readings for my condition, and I share the reports with you. My HSA/FSA plan may reimburse it with a Letter of Medical Necessity. The attached letter is already written. It needs your diagnosis code, the boxes that apply, and your signature. It takes about two minutes. Thank you.

What your plan checks

- A diagnosis, ideally with an ICD-10 code
- How CareClinic treats that condition
- How long it is needed
- Your provider's name, credentials, signature and date
- A receipt showing the date, the amount and the item

Letter of Medical Necessity

For a Health Savings Account (HSA), Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA) claim.

To: HSA/FSA plan administrator

Patient

PATIENT NAME | DATE OF BIRTH | MEMBER ID (OPTIONAL)

Condition

I am treating the patient named above for the following condition(s):

DIAGNOSIS | ICD-10 CODE

SECOND DIAGNOSIS (OPTIONAL) | ICD-10 CODE

Treatment

I recommend the CareClinic app (CareClinic Premium, sold by CareClinic Software Inc.) to treat and manage the condition(s) above. The patient uses it to:

- ☐ Record symptoms, flares and triggers between visits so I can adjust treatment
- ☐ Take medications as prescribed, with dose reminders and a record of doses taken and missed
- ☐ Record readings such as blood pressure, blood glucose, weight or pain scores
- ☐ Follow the care plan I have set, including therapy and lifestyle changes
- ☐ Share reports with me and the care team before and between appointments
- ☐ Keep my medical records (conditions, medications, allergies, lab results) ready for my providers
- ☐ Other:

This app is recommended specifically to treat the condition(s) above. The patient would not otherwise need it.

Needed for: ☐ 12 months ☐ Other: Starting:

Provider

PROVIDER NAME | CREDENTIALS | NPI

PRACTICE | PHONE

PRACTICE ADDRESS

SIGNATURE | DATE

Claim cover sheet

Put this on top of your claim so the reviewer finds each item in seconds.

ACCOUNT HOLDER

PATIENT (IF DIFFERENT)

HSA/FSA ADMINISTRATOR

MEMBER OR ACCOUNT ID

EMPLOYER OR PLAN

ACCOUNT TYPE (HSA, FSA, HRA)

Expense

MERCHANT: CareClinic Software Inc.

ITEM: CareClinic Premium subscription, a health app used to treat a diagnosed condition

BOUGHT THROUGH: App Store, Google Play or careclinic.io

PURCHASE DATE OR SERVICE PERIOD

AMOUNT

CLAIM NUMBER (IF ANY)

Attached

- [ ] Letter of Medical Necessity, signed and dated by my provider (page 2)
- [ ] Receipt showing the date, the amount and the item
- [ ] My administrator's claim form, if they require one

Statement

I bought this item to treat the condition named in the attached letter, it has not been reimbursed by insurance or another plan, and I will not claim it again.

ACCOUNT HOLDER SIGNATURE

DATE

If your claim comes back

Most returned claims are missing one item. Find the reason your administrator gave and send only what it asks for.

No diagnosis or code
Ask your provider to add the condition and ICD-10 code on page 2, then resubmit.

Letter not signed or not dated
Ask for a signature and date. A typed name is not enough for most plans.

Letter has expired
Ask for a new letter. Choose 12 months so it covers a year of renewals.

"General wellness" or "not medical"
Send the letter again with the treatment boxes checked. It states the app treats a diagnosed condition.

Receipt is missing details
Use a receipt that shows the date, the amount and the item (see page 1).

Expense outside the plan year
FSA claims follow your plan's deadline. An HSA can reimburse eligible expenses from any time after the account was opened.

Provider not accepted
Ask a licensed provider who treats you for this condition to sign, such as your physician or nurse practitioner.

Resubmission note

I am resubmitting claim number _____ for CareClinic Premium, a health app my provider recommended to treat _____ (ICD-10 _____). Attached are the signed Letter of Medical Necessity dated _____ and an itemized receipt. The letter confirms the app is used to treat a diagnosed condition. Please reconsider this claim.