

Instructions:

To utilize your FSA or HSA funds for the purchase of FemmePharma's products, please have your healthcare provider complete the form below. Certain medical services and products are deemed eligible expenses only when certified as medically necessary by a licensed healthcare provider. If you have questions regarding product eligibility, please contact your insurance provider for confirmation.

TO BE FILLED OUT BY PARTICIPANT

Participant Name

TO BE FILLED OUT BY LICENSED PRACTITIONER

Medical Condition(s)

Recommended Treatment

Personal Lubricant & Moisturizer

Sleep

Hot Flash Relief

Intimate Skin Moisturizer

Mood

Womens Probiotic

Hyaluronic Acid

Duration of Treatment ((If a chronic condition, such as multiple sclerosis, please indicate "lifetime" as the duration of treatment)

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Print Name of Licensed Practitioner

Signature of Licensed Practitioner

Date

IMPORTANT: Your documentation must include the date of service, the services rendered or product purchased, the person for whom the services were rendered, and the amount charged. In addition, certain expenses may require additional supporting documentation. Please note: These documents are required with each claim you submit. Additionally, you will need to renew this form with your healthcare provider each year.

Please retain this form, along with documentation of your medical visit and your FemmePharma receipt, as proof of eligibility in the event of an IRS audit.