

Your medical care provider must complete a Letter of Medical Necessity for any service or product that falls under the category of "Maybe Expense" or "Ineligible Expense" per IRC sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s). You may obtain a list of eligible and ineligible expenses, as well as a Claim Form, at [www.HealthEquity.com/WageWorks](http://www.HealthEquity.com/WageWorks).

TO BE FILLED OUT BY PARTICIPANT	
Patient Name	
Participant Name	
Participant Employer	
Last 4 digits of participant ID or SSN	

TO BE FILLED OUT BY LICENSED PRACTITIONER	
Medical Condition	
High Cholesterol (E78.00)	
Describe recommended treatment (frequency and dosage)	
See following pages for treatments and products	
Duration of the treatment	
August 09, 2025 to August 09, 2026	

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

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and complete a Claim Form (certain expenses may require additional documentation). Documentation must include the date of service, the services rendered or product purchased and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.

Letter of Medical Necessity

Date: September 1st 2025

To: HSA/FSA Administrator

From:

Participant Name:

Subject: Letter of Medical Necessity for

Analysis and Recommendation:	
Reported Diagnosis: High Cholesterol (E78.00)	
<p><b>Treatment:</b> The patient has an increased risk of high cholesterol (E78.00). I recommend the patient supplement with PatchAid topical or transdermal supplement, daily or as directed, applied to the skin, as part of the prevention plan for 12 months.</p> <p><b>Clinical Rationale:</b> High cholesterol is a condition characterized by elevated levels of cholesterol in the blood, which increases the risk of developing cardiovascular diseases. Managing cholesterol levels is essential for preventing atherosclerosis and subsequent heart-related complications. Research indicates that incorporating essential fatty acids and antioxidant-rich vitamins can support maintaining healthy cholesterol levels by improving lipid profiles and enhancing overall cardiovascular health.</p> <p><b>Role of PatchAid:</b> PatchAid provides the necessary Energy supplement to facilitate the intended therapy.</p> <p><b>Conclusion:</b> In light of the patient's increased risk of high cholesterol diagnosis and based on the literature review on proven benefits, a topical supplement like PatchAid is medically necessary as part of the patient's comprehensive treatment plan.</p> <p><b>Products and/or services recommended:</b> B12 Energy Plus Vitamin Patch - 30-Day Supply</p>	
Intervention Start Date: August 09, 2025	Intervention End Date: August 09, 2026

Provider Information	
Provider Name:	Provider Address:
Provider Phone Number:	Provider Email:
Provider License:	License State:

*This intervention is medically necessary to treat the specific medical condition noted above. This intervention is not for general health; and is not for cosmetic purposes to improve appearance.*

**Signed:**