


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.

TO BE FILLED OUT BY PARTICIPANT	
Patient Name	
Anchor Ebanks	
Participant Name	
Anchor mybanks	
Participant Employer	
xyz	
Last 4 digits of participant ID or SSN	
9999	

TO BE FILLED OUT BY LICENSED PRACTITIONER	
Medical Condition	
Management of high cholesterol (E78.00)	
Describe recommended treatment (frequency and dosage)	
<p>Treatment: It is medically necessary that the patient consumes products such as CARNIVORE BAR, 1-BAR SAMPLE from Carnivore Bar Inc. as supplemental nutrition. The recommended dosage is one bar per day. Continued daily use is recommended for a duration of 12 months to manage high cholesterol.</p> <p>Clinical Rationale: High cholesterol levels are often associated with imbalances in lipid metabolism and inflammation. The CARNIVORE BAR provides a source of high-quality protein and healthy fats, such as omega-3 fatty acids, that help modulate cholesterol levels and reduce inflammation. The bar's grass-finished beef contains nutrients like niacin and omega-6 to omega-3 fatty acid ratios that support healthy cholesterol profiles. By providing these necessary nutrients, the CARNIVORE BAR may contribute to the management of high cholesterol.</p>	
Duration of the treatment	
February 13, 2024 to February 13, 2025	

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
Allison Bansen, NP		February 13, 2024

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.