

CONGRATULATIONS ON YOUR NEW ENHANCED HSA!

As part of your High Deductible Health Plan (HDHP) and your Health Savings Account (HSA) benefit, your employer has selected Wright-Patt Credit Union (WPCU) as your HSA Custodian and FlexBank Administrators (FlexBank) as your third party HSA administrator in order to provide you with an Enhanced HSA plan. Your new Enhanced HSA is designed to help you save and pay for a number of healthcare expenses on a tax-advantaged basis and provide you with the resources you need to answer all of your HSA questions.

- **Accessing Your Enhanced HSA**

So that you can use your HSA funds regularly for qualified medical expenses, such as physician visits, prescription costs, or other recurring expenses, you will have access to your account using your WPCU HSA Debit Card and personal checks (the first 120 checks are free). Plus, you have free online access to view your HSA balance through WPCU's online Home Banking. You can also pay medical bills online through WPCU's Bill Pay.



- **Enhanced HSAs Get WPCU's Highest Savings Rate**

For eligible HSA members, an Enhanced HSA account will earn WPCU's highest rate from the very first penny saved on their first \$500. It's really that simple – and it's automatic. As long as you have eStatements and are in good standing, your first \$500 will continue to earn WPCU's highest rate.

- **HSA Questions**

FlexBank understands what will – or will not – work with HSAs. They will help you play by the rules involved with HSAs. If you have a question, FlexBank is easily accessible by phone at (937) 299-5515 or (888) 677-8373 and by email hsa@flexbank.net. You can also get the information you need right at your fingertips with FlexBank's extensive educational resource library at www.FlexBank.net.



- **HSA Contributions**

FlexBank will set up maximum contribution limits for you each calendar year to avoid the possibility of over-contributing to your HSA. You will also receive an email deposit confirmation whenever your employer contributes to your account or a deposit has been made as a result of a payroll deduction from your paycheck through your employer.

- **To Open an Enhanced HSA**

It's quick and easy! To make it as convenient as possible we included a checklist on page 2 to help you through the process. After you complete the application and other forms for your Enhanced HSA, just return them to your Human Resource Department or Benefits Coordinator. Your WPCU HSA Enhanced account will be set up within 5 business days. Once your account is open you will receive your pre-printed personal HSA checks and your HSA Debit Card, if requested, in the mail in approximately 7-10 business days. Your Debit Card will include instructions for activating the card. Your elected contributions will be withheld from your paycheck and you can make additional deposits to your new HSA after your High Deductible Health Plan (HDHP) coverage is effective and your HSA has been set-up.

- **New WPCU Members**

A Welcome Packet containing your new account number will be mailed to you within 5 business days after the account has been opened.

ENHANCED HSA SIGN-UP CHECKLIST

To open an Enhanced Health Savings Account (HSA), complete and return the required documents listed below to your Human Resource Department or Benefits Coordinator. Your completed documents will be routed to FlexBank to set up your HSA support services, and then forwarded to WPCU to open your HSA account.

1. **Complete the attached HSA Application.** To complete and print the HSA application online, you can visit WPCU's website at www.wpcu.coop/HSA.
 - a. WPCU Members - You do not need to complete the Membership Application section.
 - b. New WPCU Members - complete the shaded Membership Application section, located on page 1 of the HSA Application. (See "New Member Note" below.)
 - c. New Members Only – Sign up for electronic statements (eStatements) now and we will deposit the first \$5 to your account. If you are not signing up for eStatements, visit one of WPCU's Member Centers, after you receive your new account number, and deposit \$5 to open and activate your membership account. A welcome packet containing your new account number will be mailed to you within 5 business days after the account has been opened.
 - d. Authorized Signer – To add an Authorized Signer to your HSA account, complete the Authorized Signer section of the application. Complete the Additional Options section if you would like the Authorized Signer to have a debit card.
 - e. Non-Ohio Residents Only – If you live in a community property state, are married, and you designate anyone other than your spouse as primary beneficiary, your spouse must complete and sign the Spousal Consent section of the application and their signature must be notarized.
2. **Complete the HSA Transfer Request Form** (this applies only if you are transferring HSA funds from another custodian to WPCU).
3. **Complete the Annual Tax Free HSA Enrollment Form.**
4. **Sign the WPCU HSA Application.**

As a reminder, your WPCU HSA Enhanced account will be set up within **5 business days** after WPCU receives the completed documents from FlexBank. Once your account is open you will receive your personal "My Health Savings Checks" and your "My Health Savings Card" MasterCard® Debit Card, if requested, in the mail in approximately **7-10 business days**.

New Member Note: *As a WPCU member, when you deposit the first \$5.00 into your new account, you're an owner. WPCU offers each member the status of shareholder with all the unique privileges of credit union ownership. And as you'd expect, we make every decision with the best interests of our member-owners in mind.*



HSA Application and Membership Agreement



Type of Health Insurance Plan Coverage: Single Family

Account Number: *If you are not a current WPCU member, please also complete the boxed Membership Application section below.*

Type of HSA Account: Enhanced Basic

Purpose of this Application: Establish a New HSA Make changes to your existing HSA. *This application will supercede any existing application.*

Primary Owner Information (Single Account Ownership only)

First Name:	MI:	Last Name:	SSN:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:	City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone:	Mobile Phone:	Work Phone:	Ext.	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes, please enroll me to receive my statements electronically (eStatements). *Must provide a valid email address above. Required to receive HSA Enhanced dividend rate. NOTE for current Credit Union members: If this option is selected, your electronic statement will include all share and loan accounts.*

Membership Application (Complete this section only if you are not a current Credit Union Member)

How Eligible for Membership	Driver's License or Other Government ID #	State Issued:	ID Issue Date:	ID Expiration Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TIN Certification and Backup Withholding Information

Under penalty of perjury, I certify that the number shown above is my correct Taxpayer Identification Number (TIN) and:

- I am a U.S. person (including a U.S. resident alien), and
- I am not subject to backup withholding, because I am exempt: I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of failure to report all interests or dividends; or the IRS has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholding.

If you are not a U.S. person or U.S. resident alien, please request and complete a W-8 BEN form.

Employer Information

Name of Employer	Phone Number:	Occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer's Address	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorized Signer (Optional and applicable only to the HSA account)

Since regulations require that only one individual owns the HSA, the account holder may want to appoint an agent/authorized signer to have access and transact business on the HSA. I (account holder) hereby designate the following individual as an authorized signer on my HSA. By designating the following individual as my authorized signer on my HSA, I authorize that individual to transact business, such as, but not limited to, make deposits, withdrawals, write checks, use a debit card, if applicable, and receive and have access to account information by any means acceptable to the Credit Union. Authorized signers may not close or amend the HSA. I indemnify and hold the Credit Union harmless from and against any claims, actions, losses, damages, costs, including reasonable attorneys' fees, that the Credit Union may suffer related to and/or arising from the Credit Union's reliance on this authorization and the actions of my authorized agent. I understand that I bear sole responsibility for any tax consequences that result from any actions exercised by my authorized signer regarding my HSA.

First Name:	MI:	Last Name:	SSN:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's License or Other Government ID #:	State Issued:	ID Issue Date:	ID Expiration Date:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Additional Options

The following options are available on your Health Savings Account. Please check the options you are interested in receiving.

- Please issue a debit card to **me** for my HSA account.
- Please issue a debit card to my **authorized signer** for my HSA account.
- 120 HSA checks (first box free) *NOTE: Unless otherwise specified by you, the authorized signer's name, if applicable, will be printed on your HSA checks.*

FlexBank, Inc. ADMINISTRATIVE SERVICES AGREEMENT

By signing this form I understand that the following administrative services for my Wright-Patt Credit Union Health Savings Account (HSA) are provided to me by FlexBank, Inc. Administrative services provided by FlexBank, Inc. include enrollment assistance, access to toll-free assistance HSA help-line to answer questions concerning HSAs, qualified medical expenses, or other distributions. I understand that I, and not FlexBank, Inc., am personally responsible for all aspects of my HSA. I hereby appoint FlexBank, Inc. as my designated agent to interact with Wright-Patt Credit Union as may be required in the administration of my HSA. I hereby specifically consent to and permit Wright-Patt Credit Union to provide my account number, account information, and other non-public information concerning my HSA to FlexBank, Inc. and authorize Wright-Patt Credit Union to interact with FlexBank, Inc. as may be required or appropriate in the administration of my HSA. I have read, consent, and agree to the terms of this Administrative Agreement.

HSA Application and Membership Agreement



Designation of Beneficiaries on HSA (Important: Please read before signing)

The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my HSA. If no named beneficiaries survive me, the balance in the account will be payable to my estate.

Name	Relationship	Birthdate	Share %	Primary/ Contingent

Spousal Consent (Required if Residing in a Community or Marital Property State)

This section should be reviewed if either the trust or the residence of the HSA holder is located in a community or marital property state and the HSA holder is married. Due to important tax consequences of giving up one's community property interest, individuals signing this section should seek legal advice and/or consult with a tax professional.

CURRENT MARITAL STATUS

- I am not married - I understand that if I become married in the future, I must complete a new HSA Designation of Beneficiary form
 I am married - I understand that if I chose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above named HSA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional. I hereby give the HSA holder any interest I have in the funds or property deposited in this HSA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Spouse - Signature Required _____ Date _____
 Notary - Signature Required _____ Date _____

Signatures

Account Agreement and Authorization

The undersigned hereby authorizes Wright-Patt Credit Union, Inc. (the "Credit Union") to establish this HSA according to my instructions contained in this HSA Application and Membership Agreement. If I am a new member I understand and agree that all sub-accounts opened under this HSA Application and Membership Agreement will have the same ownership interest. This HSA Application and Membership Agreement is a continuing authorization to open any additional sub-accounts on my verbal or written request. I understand that I must execute additional applications to open accounts with different ownership interests. If I am already a primary member and have a previously executed Master Membership Application and Account Agreement on file, all future sub-accounts (except for IRA accounts) will have the same ownership interest as specified in that agreement.

The Credit Union is hereby authorized to recognize the signature(s) subscribed hereto in the payment of funds or the transaction of any business for this account. The primary owner agrees to allow the Credit Union to obtain periodic credit reports. The right and authority of the Credit Union under this HSA Application & Membership Agreement shall not be changed or terminated except by written notice to the Credit Union which shall not affect transactions theretofore made.

By signing below I agree to the terms and conditions of the following documents and to any amendments the Credit Union makes from time to time, all of which are incorporated into this HSA Application & Membership Agreement: (1) the [Health Savings Custodial Account Agreement](#); (2) the [Health Savings Account Disclosure](#); (3) [TrueSaver Disclosure](#); (4) the [Important Account Information for Wright-Patt Credit Union Members brochure containing the Membership and Account Agreement, Electronic Fund Transfers Disclosure and Funds Availability Disclosure](#); (5) the [General Fee Schedule](#); and (6) [Rate Sheet](#).

I further acknowledge and agree that I assume complete responsibility for: (1) determining that I am eligible for an HSA each year I make a contribution; (2) ensuring that all contributions I make are within the limits set forth by the tax laws; and (3) the tax consequences of any contributions (including rollover contributions) and distributions.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of HSA Owner _____ Date _____

WITNESS: An authorized representative must verify government issued ID (i.e. driver's license, military ID, etc.)

Signature of Representative: _____ Name of Business: _____

OR NOTARY: State of _____ County of _____
 On this _____ day of _____, 20____, before Me personally appeared the **HSA owner** above to me known or proven to be the person described in and who executed the same as his/her free act and deed.

Notary Signature _____ (Commission Expires) _____



Health Savings Account Contribution Form

Section I. Employee Information

Employer Name:		Division #:	
Employee Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	
Street:	City:	State:	Zip:
Birth Date:	HDHP Effective Date:	# Pay Periods:	

Section II. Group Insurance Premium and/or HSA Contribution

Your Group Insurance plan premiums and/or Health Savings Account contributions are withheld pre-tax automatically. Your election to pay your Group Insurance premium and/or Health Savings Account contribution automatically continues each year unless revoked. You may revoke your premium election at the beginning of a plan year or during the year should you have a qualifying "life event" that permits a mid-year change.

Section III. HSA Contribution

Only employees covered by a High Deductible Health Plan (HDHP) without other first dollar medical coverage such as other traditional health insurance, VA benefits in the last 90 days, TRICARE, Medicare, general purpose FSA or HRA, etc. may contribute to a Health Savings Account (HSA).

2011 Calendar Year Maximum Contributions: Single \$3,050 Family \$6,150
2012 Calendar Year Maximum Contributions: Single \$3,100 Family \$6,250
 If 55 and older, additional annual catch up contribution is \$1,000

\$ _____ per pay

Last Month Rule

Individuals who become covered under an HSA-eligible plan in a month other than January may make the maximum HSA contribution for the year based on their coverage (single vs. family) in the last month of the year.

Change in HDHP coverage type (single vs. family)

If an individual changes coverage type mid-calendar year, he may contribute up to the greater of (a) maximum amount that may be contributed for the taxable year, based upon his actual HDHP coverage (i.e. single vs. family) for each month of the year or (b) the full HSA contribution limit for the taxable year based on the type of HDHP coverage that he had on December 1 of that year.

13-month Testing Period

If the individual makes HSA contributions under the last-month rule, and the individual does not remain HSA-eligible (for reasons other than death or disability) during the 13-month "testing period" (beginning with the December of the year for which those contributions were made and ending on the last day of the 12th month following that December), the amount which could not have been contributed except for this provision will be included in income and subject to a 10% additional tax. This 10% penalty cannot be avoided by withdrawing such amounts from the HSA, even if the withdrawal were made by April 15.

HSA-ineligible mid-calendar year

If an individual becomes covered by other first dollar coverage and/or terminates HSA-eligible coverage during a calendar year, the maximum contribution is prorated based on the number of full months they are eligible in that calendar year.

I do not wish to contribute to a Health Savings Account.

Section IV. Authorization

- These are my pre-tax elections for the Plan year. I have read and understand the description of the Plan.
- I understand that if I own an HSA, I am responsible for knowing and abiding by all of the rules and regulations.
- I understand my insurance premium election may only be changed during the Plan Year for certain "life events" such as marriage, divorce, death of a spouse or child, birth or adoption of a child, change in employment status, or termination of employment. Changes must be made within 30 days of the event.
- Health savings account changes in election may be made at any time.
- Participation in this program may reduce my future Social Security benefits.
- I authorize my employer to make automatic payroll deductions of the amounts shown above from my earnings each pay period.

Date _____

Employee Signature _____

Section V. To Be Completed By Employer

Date of 1st Payroll Deduction:

If you have questions about the Health Savings Account, please contact FlexBank at 937.299.5515 or 888.677.8373.



A Health Savings Account

A Health Savings Account (HSA) is an account into which you can deposit money to save for future medical expenses. There are certain advantages to depositing money into these accounts, including favorable tax treatment.

Who Can Have an HSA?

Any individual can contribute to an HSA if they have coverage under an HSA-qualified "high deductible health plan" (HDHP), and have no other first-dollar medical coverage (i.e. low deductible/co-pay health plan, Medicare, TRICARE, VA benefits, general purpose Flexible Spending Account or Health Reimbursement Arrangement) and cannot be claimed as a dependent on someone else's tax return. Other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted.

High Deductible Health Plans

You must have coverage under an HSA-qualified "high deductible health plan" (HDHP) to open and contribute to an HSA. Generally, this is health insurance that does not cover first dollar medical expenses. Federal law requires that the 2011 & 2012 health insurance deductible be at least \$1,200 for self-only coverage and \$2,400 for family coverage.

In general, the deductible must apply to all medical expenses (including prescriptions) covered by the plan. However, plans can pay for "preventive care" services on a first-dollar basis. "Preventive care" may include routine pre-natal and well-child care, child and adult immunizations, annual physicals, mammograms, etc.

FlexBank Administrators
1250 W. Dorothy Lane, Suite 107
Dayton, Ohio 45409
Phone: 937.299.5515
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Free Phone: 888.677.8373

www.flexbank.net

Information About A Personal, Tax-Free Health Savings Account





A Personal Tax-Free Health Savings Account Saves You Money and is so Easy.

Contributions to your HSA

Contributions to your HSA can be made by anyone - you, your employer or a family member. However, the total contributions are limited annually. If your employer permits, you may make contributions through payroll deduction on a pre-tax basis. Or, you may contribute to your account on a post-tax basis and deduct the contributions (even if you do not itemize deductions) when completing your federal income tax return.

Contributions to the account must stop once you are enrolled in other first dollar coverage (i.e. Medicare). However, you can keep the money in your account and use it to pay for future medical expenses tax-free.

You can make a contribution to your HSA each calendar year that you are eligible. For 2011, you may contribute up to a maximum per calendar year of \$3,050/self-only coverage and \$6,150/family coverage. For 2012, the maximum contribution is \$3,100/self-only and \$6,250/family.

Individuals age 55 and older can also make additional "catch-up" contributions. The maximum catch-up contribution for 2009 and beyond is \$1,000 per calendar year.

Your *eligibility* to contribute to an HSA is generally determined by whether you have HDHP coverage on the first day of the month. Your maximum contribution for the year can be calculated two ways: (1) *the full contribution*, or (2) *the pro rated amount*. The *full contribution* amount is based upon the type of coverage you have on December 1. The *pro rated* amount is 1/12 of the maximum annual contribution for the HDHP coverage type you have times the number of months you have coverage. If your contribution is greater than the pro rated amount, and you fail to remain covered by an HDHP for the entire following year, the extra contribution above the pro rated amount is included in income and subject to an additional 10 percent tax.

You should call FlexBank at 888.677.8373 regarding contribution rules if you have a change in coverage.



2012 Maximum Contributions

- ✓ \$3,100/self-only; \$6,250/family
- ✓ \$1,000 "catch-up" for those age 55+
- ✓ Maximum contributions are per calendar year.
- ✓ All contributions count toward the calendar year maximum.

REMINDER OTC

In order for an over-the-counter medicine to be eligible, you must have a valid prescription from your doctor. Keep the prescription and the itemized receipt in your file in case of audit.

www.flexbank.net

Eligible Expenses

Acupuncture
Alcoholism / Drug Treatment
Ambulance charges
Artificial limbs
Bandages / Band-Aids
Blood sugar test kits
Body scans (MRIs)
Breast Pumps and Supplies
Chiropractic fees
Contact lenses & solutions
Co-pays
Co-insurance
Costs for physical or mental illness confinement
Crutches
Deductible expenses
Dental implants
Dental treatment
Dentures
Diabetic supplies
Eyeglasses & eye exam
Guide dog
Hearing aids & batteries
Insulin supplies
Laboratory fees
Laser eye surgery
Mastectomy related bras
Medical records charges
Occlusal guards
Orthodontic fees
Ovulation Monitor
Prescriptions
Pregnancy tests
Psychiatric care
Special communication equipment for the deaf
Speech therapy
Sterilization fees
Transportation expenses primarily for medical care
Walkers
Wheelchair
X-rays

Eligible Insurance Premiums

Health insurance premium while receiving federal or state unemployment
COBRA or state continuation premiums
Qualified long term care insurance (as indexed by calendar year and age)
Medicare premiums (once HSA owner is 65)

Dual Purpose

Requires a doctor's note or Rx w/ diagnosis stated.

Dietary supplements
Massage therapy
Vitamins
Weight loss programs

Over the Counter Medicines (OTC)

Requires a valid prescription.

Acne treatment (OTC)
Antacids (OTC)
Allergy medicines (OTC)
Cold medicines (OTC)
Laxatives (OTC)
Motion sickness (OTC)
Pain relievers (OTC)

Ineligible Expenses

Cosmetic procedures
Dental floss
Electrolysis
Eyeglasses warranty
Face creams & moisturizers
Hearing aid warranty
Imported drugs
Late fees
Marital counseling
Mouthwash
Non-prescription sunglasses
Sunglasses clips
Teeth whitening
Toiletries & cosmetics
Toothbrushes & toothpaste

Save on These Expenses



Using Your HSA

You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law. This includes most medical care and services, dental and vision care. In order to be considered an eligible expense, the date of service must be after the effective date of your high deductible health plan (HDHP) and after your HSA has been established (opened and funded). If the effective date of your HDHP is mid-month, you may use your HSA for eligible expenses with dates of service on or after the first of the following month.

You can use the money in the account to pay for medical expenses for yourself, your spouse or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

Should you use your HSA for ineligible expenses, you must report these purchases on your tax return and pay taxes plus penalty. If you are 65 or older, you must only pay tax.



This is a partial listing of eligible expenses. For more information email HSA@FlexBank.net or call FlexBank at 888.677.8373.

www.flexbank.net

Advantages of HSAs

Security – Your high deductible insurance and HSA protect you against high or unexpected medical bills.

Affordability – In general, your health insurance premiums are lower by switching to health insurance coverage with a higher deductible.

Flexibility – You can use the funds in your account to pay for current medical expenses or save the money in your account for future needs.

Savings – You can save the money in your account for future medical expenses and grow your account through interest earnings.

Control – You make all the decisions about:

- How much money to put into the account.
- Whether to save the account for future expenses or pay current medical expenses.
- Which medical expenses to pay from the account.
- Whether to invest any of the money in the account and which investments to make (if applicable).

Portability – Accounts are completely portable, meaning you can keep your HSA even if you:

- Change jobs
- Change your medical coverage
- Become unemployed
- Move to another state
- Change your marital status

Ownership – Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSAs.

Tax Savings – An HSA provides triple tax savings:

- (1) tax deductions when you contribute to your account;
- (2) tax-free earnings through interest/investment;
- (3) tax-free withdrawals for qualified medical expenses.

What happens to my HSA when I die?

If you are married, your spouse becomes the owner of the account and can use it as if it were their own HSA. If you are not married, the account will no longer be treated as an HSA upon your death. The account will pass to your beneficiary or become part of your estate (and be subject to any applicable taxes).

What do I need to file with my taxes?

At year-end, your custodial bank will send to you a report detailing contributions (Form 5498-SA) and distributions (Form 1099-SA). It is your responsibility to complete and file **Form 8889** and submit it along with your 1040.

What documentation must I keep for purchases?

The key to maintaining the tax-free status of your HSA is document ... document ...document! You will be required, if audited by the IRS, to produce documentation that clearly indicates you used the money in your HSA to purchase qualified expenses. The type of documentation required by the IRS must state the following:

- Who the item was purchased for (patient name)
- What service/product was provided (a description)
- Why the service/product was purchased (a diagnosis)
- Where the service/product was performed (the provider's name)
- When the service/product was purchased (the date of service)

