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**MEDICAL PROVIDER
PREVENTATIVE PRESCRIPTION FORM**

Dear Healthcare Provider:

I am enrolled in a Health Savings Account High Deductible Health Plan and would like to use my healthcare dollars wisely. As you may be aware, IRS regulations currently do not allow my employer's High Deductible Health Plan to pay for prescriptions before my high deductible for the year has been met, unless the prescriptions are deemed by you to be *preventative* in nature. My employer, C&K Market, Inc., has a high-deductible health plan that will allow me to receive first dollar coverage for many prescriptions which you deem to be preventative in nature. However, I need to confirm that the drug you are prescribing for me is preventative, so as not to jeopardize the tax eligibility of my Health Savings Account.

I am sorry for the additional paperwork that this may cause, but I appreciate your confirming this information for me in advance.

Prescription Name

Date Drug is Preventative

Medical Provider Signature

Date

Medical Provider Printed Name

Patient Name

Employee Name & Employee Number

For Employee Use
Keep a copy of this for your tax records with a copy of the receipt