



# HSA Reimbursement Request Form

The HSA reimbursement funds will be paid directly to the Account Holder of the HSA account. Payments are not paid to the Provider. Mail, email, or fax completed form(s) to:

**Address: Directed IRA Attn: Client Services**  
3033 N. Central Ave., Ste. 415  
Phoenix, AZ 85012

**Fax: (602) 899-9641**  
**Attn: Client Services**

**Email: [Reimbursement@directedira.com](mailto:Reimbursement@directedira.com)**  
**Subject: HSA Reimbursement**

### 1. Account Owner Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_  
Directed IRA HSA Account Number: \_\_\_\_\_

### 2. Reimbursement Information

Provider Name	Patient Name	Amount \$
Provider Name	Patient Name	Amount \$
Provider Name	Patient Name	Amount \$
Provider Name	Patient Name	Amount \$
Provider Name	Patient Name	Amount \$
		<b>Total \$</b>

\*If the requested reimbursement amount is higher than your available balance, we will only process the reimbursement up to the available balance in the account. **Account balance must maintain minimum balance requirement.**

### 3. Reimbursement Payment

A check will be made payable to the Account Owner and mailed to the address on file. Please allow 7-10 business days to receive your check. *A \$15.00 Check Expense fee will be deducted from your Account.*

### 4. Account Owner Authorization

By signing below, I authorize Directed IRA to reimburse me from my Health Savings Account (HSA) for my expense in the manner specified above and I represent that the information I provided in this request is true and complete and that all reimbursements are for qualifying medical expenses per IRC 213(d) and IRS HSA account rules.

\_\_\_\_\_  
Account Owner Signature  
(Cannot be e-signed)

\_\_\_\_\_  
Date

**INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE**

**Email Forms to:**  
[Reimbursement@directedira.com](mailto:Reimbursement@directedira.com)

**Send Mail to:**  
3033 N. Central Ave. Ste. 415  
Phoenix, AZ 85012

**Fax:**  
602-899-9641

**Questions?**  
(800) 818-1322  
[Clients@directedira.com](mailto:Clients@directedira.com)

Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation