

# HSA Reimbursement Request

## IMPORTANT INFORMATION

Use this form to request a reimbursement from your Directed HSA Account. The HSA reimbursement funds will be paid directly to the Account Holder of the HSA account. Payments are not paid to the Provider.

### Processing Options

Select an option below. If no option is selected, Directed IRA will process your request as normal (within 3 business days). I understand that if my account does not have sufficient funds, my transaction may not be processed.

- Next-Day Service (\$150) – Must be received by 4pm MST     Same-Day Service (\$250) – Must be received by 10am MST

### 1. Account Owner Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. Reimbursement Information

Directed IRA HSA Account Number: \_\_\_\_\_

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 \$500.00 minimum cash 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. Please note electronic signatures on this form must include the electronic signature Certification page or Certification Stamp. If one is not included, we will not accept this form.

  
Account Owner Signature

\_\_\_\_\_  
Date

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

[Secure File Upload](http://www.directedira.com/secureupload)  
www.directedira.com/secureupload

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

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

Phone: (602) 899-9396  
Fax: (602) 899-9641

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