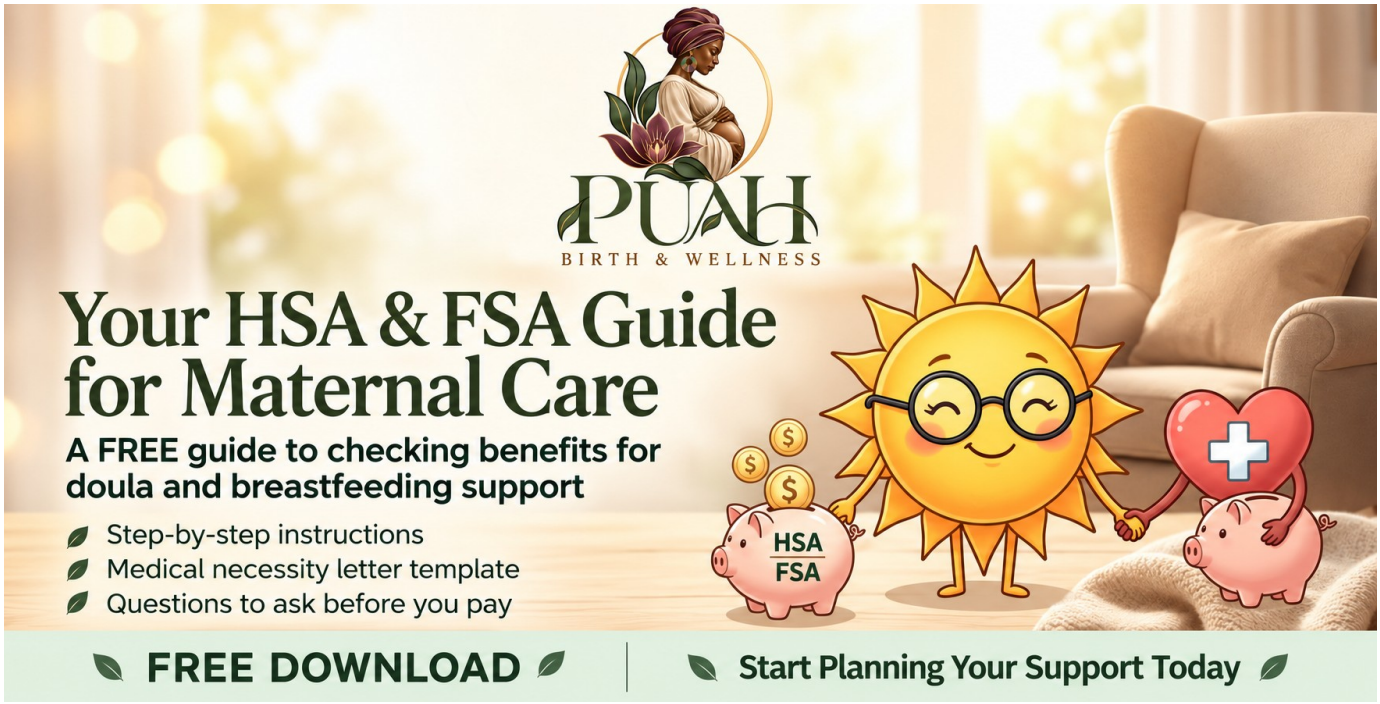


HSA and FSA Guide for Maternal Care

PUAH Birth & Wellness

A free guide to checking benefits for doula and breastfeeding support. Use these steps to ask about eligibility, gather the right paperwork, and plan payment before care begins.

Start with your benefits administrator. A service may qualify only when it meets medical expense rules and your account requirements. A medical necessity letter does not guarantee reimbursement.

Inside your guide

Step-by-step instructions • A service eligibility overview • A ready-to-send benefits inquiry • A medical necessity letter template for your clinician

Before you begin

Have your account details, proposed service description, provider credentials, estimated cost, and expected dates of care ready. Use the exact description of the service you are considering.

Questions about PUAH services?
puahbirthing@gmail.com

Information checked October 1, 2026. This guide provides general information, not individual tax advice. Confirm the rules for your own account.

How to use your benefits step by step

1 Identify your account

Confirm whether you have an HSA or a general-purpose Health Care FSA. A limited-purpose FSA usually covers dental and vision expenses; a Dependent Care FSA follows separate childcare rules. Ask about your balance, eligible family members, service dates, and claim deadline.

2 Ask about the exact service

Send the description and the provider's actual credential. Ask whether the service qualifies, which parts of a package qualify, and whether the plan accepts the provider. Request written guidance and any required forms. For HSA funds, the account holder remains responsible for tax eligibility.

3 Gather any required clinical documentation

If a medical necessity letter is required, ask your treating clinician to assess whether it is appropriate. Use the administrator's own form when provided. The clinician must supply the genuine clinical reason, recommended service, and treatment period; use page 4 only as a starting template.

4 Request an itemized service statement

Ask for the patient's name, provider name and credentials, actual service description, dates of service, and charge for each service. Separate eligible care from emotional support, childcare, housekeeping, ceremonies, or other noneligible services. Do not relabel services as medical care.

5 Pay or submit a claim as instructed

If direct benefit-card payment is available, follow your account's rules. Otherwise, ask how to pay and request reimbursement. A card being accepted does not establish tax eligibility. FSA claims generally require care to have occurred; a deposit for future care is not automatically reimbursable.

6 Keep records and follow up

Keep itemized receipts, proof of payment, clinical documentation, and the administrator's response. HSA expenses must have been incurred after the account was established. Do not seek a second reimbursement or tax deduction for the same expense. If a claim is denied, ask for the reason and available review process.

Ready to submit? Confirm the service, patient, provider, dates, amount, required letter, and deadline. Keep a complete copy of every document you send.

Which services may qualify

Eligibility depends on the actual service and account rules, not the package name. The examples below are guidance for asking questions, not a promise that a PUAH service will be reimbursed.

Service	What to check
Birth doula support	Conditional. FSAFEDS lists itemized medical care from a certified provider as eligible with a doctor-signed medical necessity letter and detailed receipt. Emotional support, parenting information, childcare, and housekeeping are excluded. Ask how your plan treats the actual nonclinical services offered.
Breastfeeding support	Lactation consultant services appear on administrator eligibility lists. Ask specifically whether services from a Certified Breastfeeding Peer Counselor qualify; that credential is not interchangeable with a clinical lactation consultant credential.
Birth preparation classes	Some administrators list Lamaze or childbirth classes. Ask whether the specific class qualifies and whether only the birthing parent's portion is eligible. General parenting education is not automatically eligible.
Postpartum support	Do not assume the full visit qualifies. Ask separately about any qualifying lactation component. General household help, childcare, and emotional support are not qualifying medical care.
Other PUAH offerings	General hormonal or menstrual wellness education, wellness conversations, ceremonies, prayer, cultural learning journeys, and storytelling are generally outside qualified medical care as described. A letter alone does not change their purpose.

Message to your benefits administrator

Hello, I have a [HSA / Health Care FSA] and am considering [exact service] with PUAH Birth & Wellness. The provider's credential is [actual credential]. The service includes [description], costs [amount], and is expected on [dates]. Is this expense eligible under my account? Are any parts excluded? Do you require a medical necessity letter, specific provider credential, or your own form? Please send the documentation requirements and payment or reimbursement instructions. Thank you.

Sources for checking your benefits

IRS Publication 969
https://www.irs.gov/publications/p969

IRS medical expense and wellness FAQs
https://www.irs.gov/individuals/frequently-asked-questions-about-medical-expenses-related-to-nutrition-wellness-and-general-health

FSAFEDS doula eligibility
https://www.fsafeds.gov/explore/hcfsa/expenses?q=doula

HealthEquity FSA medical expense list
https://www.healthequity.com/fsa-qme

Medical necessity letter template

For the treating clinician to complete

Use the administrator's required form first. This sample must be reviewed, completed, and signed by the appropriate treating clinician only when clinically justified. It is not an official benefits form and does not guarantee eligibility.

Date: [date]
To: [benefits administrator or account custodian]
Re: [patient full name and required identifier]

Dear Benefits Review Team,

I am the treating [professional title] for [patient name]. I have evaluated this patient and recommend [specific service] as part of care for [actual diagnosed condition or documented clinical need].

The clinical reason for this recommendation is [clinician's explanation of how the service addresses the patient's condition or medical need]. The intended clinical benefit is [specific expected benefit].

Recommended service: [exact description]
Recommended frequency or duration: [frequency and duration]
Treatment start and end dates: [dates]
Service provider and credential: [actual provider and credential]

This recommendation applies to the service described above. It does not include childcare, housekeeping, general emotional support, ceremonies, or other nonmedical services. Please assess the expense under the applicable account and plan rules.

Please contact my office if further clinical information is needed. Share only the patient information required by the administrator, with appropriate consent.

Sincerely,

[clinician signature]
[printed name and professional credential]
[license number or NPI if required]
[practice name]
[office phone and address]

Client checklist

Confirm the administrator's required form and acceptable signer.
Ask the clinician to replace every bracketed field with accurate information.
Attach the itemized receipt and any additional required documents.
Keep a copy and follow your account's submission instructions.