[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[HSA Administrator Name]
[Administrator Address]
[City, State, Zip Code]

RE: Substantiation of Medical Expense for HSA Account: [Your Account Number]

To Whom It May Concern,

I am writing to provide documentation for a recent distribution from my Health Savings Account (HSA) to verify that the funds were used for a qualified medical expense as defined by Internal Revenue Code Section 213(d).

Transaction Details:

- Date of Service: [Date]
- Amount: $[Amount]
- Provider Name: [Doctor/Hospital/Pharmacy Name]
- Description of Service: [e.g., Office Visit, Prescription, Dental Care]

Please find the attached receipts and Explanation of Benefits (EOB) which detail the services provided and the out-of-pocket costs incurred. These documents confirm that the expense was for medical care and has not been reimbursed by insurance or any other source.

If you require any additional information to complete this substantiation process, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached receipts/documents]