## 1 Disclaimer: Sample Letter Only

The following is a sample Letter of Medical Necessity provided for informational purposes only. It outlines the kind of information a healthcare provider may include when requesting reimbursement from an HSA or FSA plan.

## Use of this sample does not guarantee coverage. Final approval is at the discretion of the individual payer or plan administrator.

The referring physician is responsible for the content of this letter and should customize all bracketed sections with accurate, case-specific information.

If you or your provider have questions about how to use this letter, we're happy to help clarify!

## [Physician's Letterhead]

[Date] [City, State, ZIP Code]

RE: Coverage for Health and Wellness Coaching Patient: [Patient Name] Date of Birth: [DOB] Diagnosis: [Diagnosis], [ICD-10-CM]

Dear HSA/FSA Plan Administrator,

I am writing on behalf of my patient, **[Patient Name]**, to document the medical necessity of treating their **[Diagnosis]** with health and wellness coaching. I am referring them to **[Insert Coach's name here]**, a certified Somatic Practitioner / Integrative Trauma Specialist / Health and Wellness Coach at Gnosis Wellness Co.

(EIN: 33-2876931, Health and Wellness Coaching Taxonomy Code: 71400000X).

This coaching is recommended as part of a comprehensive care plan to support the patient in managing **[insert Diagnosis]**, enhancing resilience, and preventing further deterioration of their mental and physical health.

## Summary of Medical History and Diagnosis

**[Patient Name]** is **[Age]** and was initially diagnosed with **[Diagnosis] ([ICD-10-CM])** on **[Date]**. They have been in my care since **[Date]**. [Insert relevant clinical history, symptoms, test results, and rationale for recommending coaching.

Sincerely, [Provider Name] [License Number & Credentials] [Practice Name] [Phone / Email]