*The following letter is only intended as a SAMPLE Letter of Medical Necessity that outlines*

*the information a payer/plan may request. Use of this letter does not guarantee coverage for*

*the service. The prescriber (physician) is responsible for the content of this letter and should*

*customize all bracketed information in* ***RED*** *with the appropriate information.*

[Physician’s Letterhead]

[Date]

[City, State, ZIP Code]

RE: Coverage for Health and Wellness Coaching Patient: [Patient Name]

Date of Birth: [Date]

Diagnosis: [Diagnosis], [ICD-10-CM]

Dear HSA/FSA Plan:

I am writing on behalf of my patient, [Patient Name], to document the medical necessity to treat their [Diagnosis] with Rebecca Albert a National Board-Certified Health and Wellness Coach at Body Be Well Solutions / NPI: 1306069141.

This letter serves to document my patient’s medical history and diagnosis and to summarize my treatment rationale. Please refer to the [List of any Enclosures] enclosed with this letter. Summary of Patient’s Medical History and Diagnosis [Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM] on [Date].

[Patient Name] has been in my care since [Date]. [Provide a discussion of the patient’s clinical history, current symptoms and condition, any potential contraindications, and any relevant laboratory test results, highlighting the factors leading you to recommend use of the service] Rationale for Treatment [Include your clinical rationale and reasons for prescribing the service]

In summary, [Service Name, i.e. Health Coaching] is medically necessary and reasonable to treat [Patient Name’s] [Diagnosis], and I ask you to please consider coverage of [Service Name, i.e. Health Coaching] on [Patient Name’s] behalf.

Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at [Phone Number] if you have any questions or if you require additional information. Thank you for your attention to this matter.

Sincerely, [Provider Signature] [Prescribing Physician Name and Credentials] [NPI Number]

Enclosures: [List any Enclosures]

cc: Rebecca Albert, NBC-HWC, LMT, RYT200 [Body Be Well Solutions](http://www.bodybewellsolutions.com)