

Your medical care provider must complete a Letter of Medical Necessity in its entirety for any service or product that falls under the category of "Maybe Expense" or "Ineligible Expense" per IRC Sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s). You may obtain a list of eligible and ineligible expenses, as well as a Claim Form, online at www.HealthEquity.com.

TO BE FILLED OUT BY MEMBER

Patient Name

Member Name

Member Employer

Last 4 digits of Member ID or Social Security #

TO BE FILLED OUT BY LICENSED PRACTITIONER

Medical Condition

Anxiety

Describe recommended treatment (frequency and dosage)

See following pages for treatments and products

Duration of the treatment (Required)

Start date

10/24/2025

End date

10/24/2026

☐ Chronic Condition/Lifelong Treatment

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Print Name of Licensed Practitioner

Signature of Licensed Practitioner

Date

10/24/2025

NOTE: In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and complete a Claim Form (**certain expenses may require additional documentation**). Documentation must include the date of service, the services rendered or product purchased, and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.

LETTER OF MEDICAL NECESSITY

October 24, 2025

To: HSA/FSA Administrator

From: Medical Provider

Subject: Letter of Medical Necessity for John Doe

1. REPORTED DIAGNOSIS

Anxiety and Depression with Chronic Pain risk

2. TREATMENT RECOMMENDATION

The patient is recommended to undergo regular massage therapy sessions at Tension Intervention. The treatment plan includes twice-monthly 60-minute therapeutic massage sessions focusing on myofascial release techniques, trigger point therapy, and Swedish massage methods. These sessions will specifically target areas of muscle tension that exacerbate anxiety symptoms and contribute to pain patterns. The therapist at Tension Intervention will document progress after each session, adjusting techniques as needed to address the patient's evolving symptoms as part of the management plan for 12 months.

3. CLINICAL RATIONALE

The patient presents with diagnosed anxiety (F41.9) and depression (F32.9), with a family history of depression and chronic pain, placing her at elevated risk for developing chronic pain conditions herself. Research has demonstrated that massage therapy is an effective complementary treatment for both anxiety and depression. A systematic review (PMID: 28891221; Field T, 2016) found that massage therapy significantly reduced anxiety and depression symptoms through multiple physiological mechanisms, including reduced cortisol levels and increased serotonin and dopamine. Additionally, regular massage therapy at Tension Intervention can help prevent the development of chronic pain by addressing muscle tension patterns before they become persistent pain conditions. The patient's expressed desire to 'be healthier' aligns with this preventive approach.

4. ROLE THE SERVICE PROVIDES

Tension Intervention's massage therapy services provide a non-pharmacological intervention that reduces physiological markers of stress, decreases muscle tension, and improves mood regulation to complement standard treatments for anxiety and depression.

5. CONCLUSION

Given the patient's diagnosed conditions of anxiety and depression, family history of chronic pain, and the substantial clinical evidence supporting massage therapy's efficacy for these conditions, the requested massage therapy services at Tension Intervention are medically necessary as part of the patient's comprehensive treatment plan.

6. PRODUCTS AND/OR SERVICES RECOMMENDED

Gym Membership from Fitness Center

Intervention Start Date: October 24, 2025

Intervention End Date: October 24, 2026

PROVIDER INFORMATION

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

Provider Email: _____

Provider License: _____

License State: _____

Sincerely,

October 24, 2025

This letter documents medical necessity for HSA/FSA reimbursement purposes.