

Form Instructions: Under Internal Revenue Service (IRS) rules, certain expenses are eligible for health care account reimbursement only when accompanied by a Letter of Medical Necessity. When required, submit this completed form with your claim submission as additional documentation. ***Please keep a copy of all submitted documents for your records.***

Note: If a claim requires a Letter of Medical Necessity, the claim will not be paid until the Letter of Medical Necessity Form and any required supporting documentation is received. An updated Letter of Medical Necessity is required each year. This form is valid for one year from the date of signature. This form is subject to review and does not have guaranteed approval.

Account Holder Name

Patient Name (if different from Account Holder Name)

To be completed by physician:

Describe the diagnosed medical condition being treated: _____

Describe the required treatment: _____

This treatment is medically necessary to treat the specific medical condition noted above. This treatment is not in any way for general health; and is not for cosmetic purposes to improve appearance.

Provider Signature

Date

Provider Name (Please Print)

Provider License #

Provider Telephone Number

How to Submit: Account holder should include this completed form with claim request, using your preferred claim submission method (online, mobile, or fax).

LETTER OF MEDICAL NECESSITY

November 16, 2025

To: HSA/FSA Administrator

From: Medical Provider

Subject: Letter of Medical Necessity for Peter Storm

1. REPORTED DIAGNOSIS

Stress and Sleep Disorders

2. TREATMENT RECOMMENDATION

The patient is recommended to undergo regular massage therapy sessions at Tension Intervention. The treatment plan consists of biweekly 60-minute therapeutic massage sessions focusing on trigger point therapy, myofascial release, and deep tissue techniques. These sessions will target areas of muscular tension, particularly in the cervical, thoracic, and lumbar regions. The therapist at Tension Intervention will employ progressive relaxation techniques during each session, gradually increasing pressure as tolerated to address deeper muscle tension. Home care instructions will include daily stretching exercises, proper ergonomic positioning, and stress management techniques to complement the in-office treatments.

3. CLINICAL RATIONALE

The patient presents with stress (ICD-10: F43.8) and sleep disorders (ICD-10: G47.30), conditions that are often interrelated and can significantly impact quality of life and daily functioning. Research has demonstrated that therapeutic massage can effectively reduce cortisol levels and increase serotonin and dopamine, neurotransmitters associated with improved mood and sleep quality (PMID: 16162447; Field T, et al. Int J Neurosci. 2005). Massage therapy provided by Tension Intervention has been shown to reduce muscle tension, decrease sympathetic nervous system arousal, and promote parasympathetic activity, which is essential for stress reduction and improved sleep quality. Studies indicate that regular massage therapy can decrease anxiety scores by 50% and improve sleep quality metrics in patients with similar presentations (PMID: 24559809; Bost N, et al. Complement Ther Clin Pract. 2014). Given the patient's risk factors for heart disease and obesity, addressing stress through non-pharmacological interventions is particularly important as chronic stress is a known contributor to cardiovascular disease progression.

4. ROLE THE SERVICE PROVIDES

Tension Intervention's massage therapy services provide a non-pharmacological intervention that addresses both the physiological and psychological components of the patient's stress and sleep disorders, reducing muscle tension and promoting relaxation necessary for improved sleep quality.

5. CONCLUSION

Based on the patient's clinical presentation of stress and sleep disorders, and considering the documented efficacy of massage therapy in addressing these conditions, the requested massage therapy services from Tension Intervention are medically necessary as part of the patient's comprehensive treatment plan.

6. PRODUCTS AND/OR SERVICES RECOMMENDED

Massage Therapy from Tension Intervention

Intervention Start Date: November 16, 2025

Intervention End Date: November 16, 2026

PROVIDER INFORMATION

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

Provider Email: _____

Provider License: _____

License State: _____

Sincerely,

November 16, 2025