



Medical Necessity Form

This form is to be completed when submitting dual-purpose expenses. Per IRS regulations, dual-purpose expenses are eligible only if recommended by a medical practitioner, as they have both a medical purpose and a personal, cosmetic or general health purpose. This does not include products purchased. Any expenses that are products will need a doctor's note. For a list of dual-purpose expenses, please visit our website.

This form needs to be submitted only once for each specified medical diagnosis and recommended or prescribed treatment. See following pages for medical diagnosis.

*Required Fields

Step 1: Participant Information

See following pages for treatment.

*Participant Name (First, MI, Last)

*Social Security Number

*Employer Name (Do not abbreviate)

Employee ID

Step 2: Claim Information

*Is this form being submitted for a previously denied claim? If neither box is selected, the form will be processed as "no."

Yes

No

If yes, please provide the claim number(s) for which you are submitting this form. Failure to provide the appropriate claim number(s) will result in the Medical Necessity Form being added to your account (if approved) and previous claim denials not being reprocessed.

Claim Number

Claim Number

Claim Number

Step 3: Medical Practitioner Recommending the Treatment

*Medical Practitioner or Physician Name

*Phone Number

*Name and Type of Medical Practice

*Address

*City

*State

*Zip

Step 4: Medical Necessity Information

*Recipient of Treatment (First, MI, Last)

*Medical Diagnosis or Diagnosis Code

Example: 724.2 (Lumbar Back Pain)

*Treatment

Example: Massage Therapy

Step 5: Participant Certification

I hereby certify that the reimbursement requests I am submitting are considered medically necessary and are IRS-eligible expenses. I also understand that WEX Health Inc., including its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

*Participant Signature

*Date

LETTER OF MEDICAL NECESSITY

November 17, 2025

To: HSA/FSA Administrator

From: Derek Yan, MD

Subject: Letter of Medical Necessity for fddf dffd

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

Massage Therapy from Tension Intervention

Intervention Start Date: November 17, 2025

Intervention End Date: November 17, 2026

PROVIDER INFORMATION

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

Provider Email: _____

Provider License: _____

License State: _____

Sincerely,

November 17, 2025