

HRA/FSA Letter of medical necessity

HealthEquity®

Mail (recommended) or fax completed forms to:

Address: HealthEquity, Attn: Reimbursement Accounts
PO Box 14374, Lexington, KY 40512
Fax: 801.999.7829 (cover sheet not required)

For faster processing, enter the claim and upload required documentation using the 'Claims & Payments' tab on the member portal.

Letter of medical necessity

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your health care FSA, limited purpose FSA, and HRA when your doctor or other licensed health care provider certifies that they are medically necessary. Your provider must indicate your (or your qualified dependent's) specific diagnosed medical condition, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition.

HealthEquity has developed this letter to assist you and your health care provider in providing the information needed in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes **all** the required information on this form.

You only need to submit this form or your provider's letter containing the same information with the first claim you submit for the service or product. However, if the treatment extends beyond the time period listed, you must submit a form or physician letter covering the new time period. You must submit a new letter of medical necessity each year—services cannot be approved indefinitely. Submitting this form does not guarantee that you will be reimbursed for the expense.

Account holder information

Company name	Last 4 of SSN or HealthEquity ID number		
Last name Pashayan	First name Jack	M.I.	
Street address	City	State CA	ZIP
Email address (required) pashayanjack@gmail.com	Daytime phone ()	Work phone ()	

Patient information

This form should be completed by the attending physician to confirm treatment is necessary for a specific medical condition.

Patient name Jack Pashayan	Diagnosis/Treatment (please print) Autism (F84.0)
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Describe the diagnosed medical condition being treated:

See following pages for treatments and clinical rationale

Describe the recommended treatment (Must be specific. If recommending supplements, herbs, or exercise equipment, list specific name(s) and itemize). Reimbursements will be made according to listed items only.

See following pages for treatments and products

How will the treatment alleviate the diagnosed condition? **See following pages for treatments and products**

Treatment time period (not to exceed 12 months): Start date **01 /15 /26** to End date **01 /15 /27**

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

Physician name (please print) Kristina Frederick, PA	Signature of physician 	
Provider license number 14114	Date 01/15/2026	Provider phone number (470) 924-2915
Provider address 1800 E 4th St Unit 101, Austin, TX 78702		

If you have questions, contact HealthEquity® member services at 877.472.8632, they are available every hour of every day to assist you.

Letter of Medical Necessity

Date: January 15, 2026

To: HSA/FSA Administrator

From: Kristina Frederick, PA

Participant Name: Jack Pashayan

Subject: Letter of Medical Necessity for Jack Pashayan

Analysis and Recommendation:

Reported Diagnosis: Autism (F84.0)

Recommended Products and Services:

Treatment: The patient has a history of Autism (F84.0). I recommend the patient utilize resistance training from Touchstone Climbing for 3-4 times a week, with sessions lasting 30-60 minutes, as tolerated, as part of the management plan for 12 months.

Clinical Rationale: Autism Spectrum Disorder (ASD) is a developmental disorder characterized by difficulties with social interaction, communication, and repetitive behaviors. It often presents with challenges in motor skills and coordination, which can impact daily functioning. Research suggests (Bremer et al., 2016) (PMID: 26823546) that resistance training can help mitigate elements related to ASD by improving behavioral outcomes and enhancing physical fitness, motor skills, and social interactions in children and youth with autism.

Role of Touchstone Climbing: Touchstone Climbing provides the necessary structure and environment to facilitate the intended therapy through resistance training.

Conclusion: In light of the patient's Autism diagnosis and based on the literature review on proven benefits, resistance training is medically necessary as part of the patient's comprehensive treatment plan.

Intervention Start Date:

January 15, 2026

Intervention End Date:

January 15, 2027

Provider Information

Provider Name:

Kristina Frederick, PA

Provider Address:

1800 E 4th St Unit 101, Austin, TX 78702

Provider Information	
Provider Phone Number: (470) 924-2915	Provider Email: lmnsupport@rcmedicine.com
Provider License: 14114	License State: California

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

Signed:



Kristina Frederick, PA

January 15, 2026