

PROVIDER / PRACTICE NAME

ADDRESS

PHONE

FAX

NPI

## LETTER OF MEDICAL NECESSITY

Health & Wellness Coaching Services — Stratum Health Coaching

Date: \_\_\_\_\_

### PATIENT INFORMATION

PATIENT NAME (Last, First)

DATE OF BIRTH

DATE OF SERVICE (Start)

PATIENT ADDRESS

INSURANCE / PLAN (if applicable)

### SECTION 1 — DIAGNOSIS

Primary diagnosis for which health and wellness coaching is being recommended:

ICD-10 Code(s): \_\_\_\_\_

Additional relevant diagnoses (if applicable):

### SECTION 2 — CLINICAL RATIONALE

I recommend health and wellness coaching for this patient because (check all that apply):

- Lifestyle modification is a recognized component of treatment for the above diagnosis
- The patient would benefit from structured behavioral support for nutrition, physical activity, sleep, and/or stress management
- Clinical appointment time is insufficient to provide the level of lifestyle coaching this patient requires
- The patient has expressed motivation to make lifestyle changes and would benefit from ongoing accountability

Additional clinical notes (optional):

### SECTION 3 — HSA/FSA AUTHORIZATION STATEMENT

I certify that health and wellness coaching services provided by Stratum Health Coaching (J. Mace Hamblin, DHSc, MPA, NBC-HWC, PN1) are medically necessary for the mitigation or prevention of the diagnosed condition(s) listed above, and that these services qualify for reimbursement under IRS guidelines governing HSA and FSA eligible expenses.

### SECTION 4 — PROVIDER SIGNATURE

Provider Signature

Date

Provider Printed Name

Credentials / License Number