

# Sample Letter of Medical Necessity (LMN) Template

[Doctor's Office Letterhead]  
[Doctor's Name, Credentials]  
[Doctor's Address]  
[City, State, Zip]  
[Phone Number]  
[Date]

**To Whom It May Concern,**

I am writing to certify that [Patient Name] is under my care for the treatment of **[specific medical condition, e.g., obesity, hypertension, diabetes, stress-related disorder]** (ICD-10 code: [code]).

To support [his/her/their] treatment plan, I recommend a structured program of health and wellness coaching to assist with behavior modification, lifestyle changes, and accountability related to this condition.

These coaching services are medically necessary to help manage and improve [Patient Name]'s condition and overall health.

Please accept this letter as documentation of medical necessity for the reimbursement of health and wellness coaching services through the patient's HSA/FSA account.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

[Doctor's Signature]  
[Doctor's Name, Credentials]  
NPI Number: [NPI]

# Sample Letter of Medical Necessity (LMN) Template

Your client can print this and ask their doctor to complete & sign:

## Letter of Medical Necessity

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

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

To Whom It May Concern:

I am the treating provider for the above-named patient. The patient has been diagnosed with the following medical condition(s):

\_\_\_\_\_

(e.g., Obesity - ICD-10 code E66.9; Type 2 Diabetes - ICD-10 code E11.9;  
Hypertension - ICD-10 code I10)

I recommend participation in a **Health and Wellness Coaching program** as part of the patient's treatment plan. Coaching will support medically necessary lifestyle and behavior changes, including improvements in diet, physical activity, and stress management, which are critical for the management of the diagnosed condition(s).

**Recommended duration/frequency:** \_\_\_\_\_

Provider Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date:

\_\_\_\_\_