



## Letter of Medical Necessity

*Weight-Loss Program HSA/FSA coverage\* "You can include in medical expenses amounts you pay to lose weight if it is a treatment for a specific disease diagnosed by a physician (such as obesity, hypertension, heart disease, etc.). This includes fees you pay for membership in a weight reduction group as well as fees for attendance at periodic meetings." ([https://www.irs.gov/publications/p502#en\\_US\\_2019\\_publink1000179034](https://www.irs.gov/publications/p502#en_US_2019_publink1000179034))*

Patient Name:

HSA/FSA Plan Provider:

Participant Employer:

To Be Filled Out By Licensed Practitioner:

Medical condition(check): Obesity Hypertension Heart Disease Other

I refer \_\_\_\_\_ to Flexible Fasting for weight loss.

(patient's name)

Provider's comments:

Provider's signature:

Date:

*\*Be sure to confirm coverage with your HSA/FSA provider before purchasing a Flexible Fasting Membership.*