LETTER OF MEDICAL NECESSITY: Tobacco Cessation

[1]Health Care Flexible Spending Account / Health Reimbursement Account / Health Savings Account

[2] Insurance Reimbursement

<table>
<tr><td>Date:</td><td>Employer Name:</td></tr>
<tr><td>Employee Name:</td><td>SSN/FSA ID:</td></tr>
<tr><td>Patient Name:</td><td>Relationship to Employee:</td></tr>
<tr><td colspan="2">Height: Weight:</td></tr>
<tr><td rowspan="2">Diagnosis:

Patient uses tobacco products and has or is at high risk for this tobacco use related medical condition(s):

____ Asthma Exaccerbation ___ Cardiovascular disease

____ Chronic Bronchitis ___ Oral Disease

____ Emphysema ___ Esophageal Disease

____ Other (describe below)</td><td>Recommended Treatment:

I recommend a behavioral and biofeedback based tobacco cessation regimen/program with LeGros Wellness LLC.

How will treatment alleviate the diagnosis?

Tobacco cessation has been shown to improve [this/these] clinical condition[s] and other associated risk factors.</td></tr>
<tr><td>Duration of treatment required: 90 Day Program</td></tr>
<tr><td>[MAY USE STAMP IN LIEU OF INFORMATION BELOW]

Service Provider Name:
Service Provider signature:
Service Provider License # and State:
Address:
City: State:
Zip Code:
Phone Number:</td><td>SERVICE PROVIDER STAMP</td></tr>
</table>

[1] Flexible Spending Accounts, Health Reimbursement Accounts, or Health Savings Accounts may reimburse you for tobacco cessation program costs. They also may reimburse you for tobacco-cessation products. Check with your plan administrator for details.

[2]Most insurance companies do not reimburse for tobacco-cessatio programs but some do. Check with your plan administrator.