LETTER OF MEDICAL NECESSITY: Weight Loss

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

² Insurance Reimbursement

Date:	Employer Name:
Employee Name:	SSN/FSA ID:
Patient Name:	Relationship to Employee:
Height: Weight: BMI:	
BMI Calculator ³ : Normal Weight: 18.5 – 24.9; Overweight: 25 – 29.9; Obese: 30 – 39.9; Extreme Obesity: 40+	
Diagnosis:	Recommended Treatment:
Patient is overweight or obese and has the following weight related medical condition(s): Type 2 Diabetes Cardiovascular disease Asthma Hypertension Metabolic Syndrome Sleep Apnea Chronic Joint Pain/Arthritis Obesity Other (describe below)	I recommend a behavioral and biofeedback based weight loss regimen/program focused on a healthy diet and increasing physical activity with LeGros Wellness LLC. How will treatment alleviate the diagnosis? Weight loss has been shown to improve [this/these] clinical condition[s] and other associated risk factors. Duration of treatment required:
[MAY USE STAMP IN LIEU OF INFORMATION BELOW] Service Provider Name:	SERVICE PROVIDER STAMP
Service Provider signature:	
Service Provider License # and State:	
Address:	
City: State:	
Zip Code:	
Phone Number:	

¹ Flexible Spending Accounts, Health Reimbursement Accounts, or Health Savings Accounts may reimburse you for weight loss program costs and also may reimburse you for food costs in certain circumstances where a special diet is medically necessary. Check with your plan administrator for details.

² Most insurance companies do not reimburse for weight loss programs but some do. Beginning January 2014, the Affordable Care Act requires certain insurance plans to reimburse for weight loss counseling. Check with your plan administrator.

 $^{^3}$ BMI Table can be found online at: http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm