

Letter of Medical Necessity Kit

For using HSA or FSA funds on home exercise equipment.

1

Prepare

Fill out the prep sheet below and call your plan administrator.

2

Bring it to your provider

Share the prep sheet, the letter template and the example language on page 3.

3

Buy and file

Use the checklist on page 4 to buy, submit and keep your records.

Important: This kit is a starting point for a conversation with your provider. It is not a letter you write yourself. Your doctor or other licensed provider must decide whether the equipment is medically necessary, and write or approve and sign the letter. Your plan administrator makes the final decision on eligibility. This is not tax, legal or medical advice.

Before Your Appointment: Prep Sheet

Fill this out and bring it with you. It helps your provider write a specific letter, which is less likely to be denied.

My diagnosis or condition (e.g., knee osteoarthritis, recovering from right knee replacement, fall risk)

Equipment I'm asking about (e.g., recumbent bike, seated stepper, treadmill with handrails)

What my doctor or PT has recommended (type of exercise, how often, how long)

Why I can't safely or reliably do this exercise another way (outdoor walking, a gym, a pool)

Questions for my plan administrator

- | | |
|---|---|
| ☐ Is exercise equipment allowed with an LMN? | ☐ What's my deadline to buy? |
| ☐ Do I need pre-approval before buying? | ☐ Grace period, carryover or run-out period? |
| ☐ Who can sign the letter (MD, NP, PA)? | ☐ What documents do they need? |

Notes from my call (date, name of representative)

Letter of Medical Necessity

Your provider can copy this onto their letterhead, edit it as needed and sign it. Every section in this template is one most plan administrators look for.

Date: _____

To: _____ (HSA/FSA plan administrator)

Re: _____ Date of birth: _____ Account/member ID: _____

I am writing to confirm that the equipment listed below is medically necessary for my patient named above.

1 **Diagnosis:** _____ ICD-10 code(s): _____

2 **Equipment prescribed:** _____

3 **Why this equipment is needed to treat this condition:**

4 **Why alternatives are not appropriate** (e.g., outdoor walking, a gym or a clinic):

5 **Prescribed use:** _____ minutes, _____ days per week, at _____ intensity.

6 **Expected duration of treatment:** _____ (e.g., 12 months, or ongoing for a chronic condition)

This equipment is being recommended primarily to treat the condition above, not for general health or fitness. Without it, I would expect _____.

7 **Provider signature:** _____

Printed name and credentials: _____

License number: _____ Phone: _____

Practice name and address: _____

Tip: The letter should be dated on or before your purchase date. Some administrators won't accept a letter written after you buy.

EXAMPLE LANGUAGE

Sample "Why It's Needed" Paragraphs

These are examples your provider can adapt for section 3 of the letter. They are not meant to be copied word for word. Your provider should only use language that's true for you.

RECUMBENT EXERCISE BIKE

Recovery after total knee replacement

Patient is status post right total knee arthroplasty with limited knee flexion and quadriceps weakness. Daily stationary cycling at low resistance is prescribed to restore knee range of motion, reduce stiffness and rebuild quadriceps strength. A recumbent design with a back support and step-through frame is needed for safe mounting and dismounting given the patient's current mobility.

SEATED RECUMBENT STEPPER / CROSS TRAINER

Balance impairment and fall risk

Patient has impaired balance and an elevated fall risk, with [number] falls in the past year. Regular cardiovascular and lower-extremity strengthening exercise is prescribed to improve endurance and leg strength. A seated recumbent stepper allows the patient to exercise safely without the fall risk of standing equipment or walking on uneven outdoor surfaces.

ELLIPTICAL TRAINER

Knee or hip osteoarthritis

Patient has moderate osteoarthritis of the [knee/hip], with pain that limits walking tolerance. Low-impact aerobic and strengthening exercise is a first-line treatment to reduce pain and maintain function. An elliptical provides continuous foot contact, reducing joint loading compared with walking or running, and allows the patient to exercise consistently at home.

TREADMILL WITH HANDRAILS

Heart disease, hypertension or type 2 diabetes

Patient has [condition], and a structured walking program of [frequency and duration] is prescribed to improve cardiovascular health and [blood pressure/glucose] control. A home treadmill with handrails and an emergency stop allows the patient to walk at a controlled pace year-round, which is not reliably possible outdoors due to [weather, unsafe terrain, fall risk].

SEATED RECUMBENT STEPPER / CROSS TRAINER

Parkinson's disease

Patient has Parkinson's disease with [gait changes, reduced endurance, balance impairment]. Regular high-repetition aerobic exercise is prescribed to maintain mobility, endurance and function. A seated stepper with reciprocal arm and leg movement allows safe, consistent exercise without the fall risk of standing equipment.

AFTER YOUR APPOINTMENT

Buy, Submit and Keep Your Records

Before you buy

- ☐ I have a signed, dated letter of medical necessity
- ☐ I've received pre-approval from my plan, if it's required
- ☐ I've confirmed my deadline (Dec 31 for most FSAs; HSA funds don't expire)
- ☐ The equipment I'm buying matches what's in the letter
- ☐ I've measured my space and chosen a delivery option

When you buy

- ☐ Pay with my HSA/FSA card, or with a regular card if it's declined
- ☐ Get an itemized receipt showing the item, date and price

After you buy

- ☐ Submit the receipt and letter to my plan (if I paid with a regular card, or if my plan asks)
- ☐ Submit before my plan's run-out deadline: _____
- ☐ Save copies of everything with my tax records

Keep these together

- | | |
|--|--|
| ☐ Letter of medical necessity | ☐ Pre-approval (if any) |
| ☐ Itemized receipt | ☐ Claim confirmation or reimbursement |

Good to know: Upkeep and repair costs for equipment bought for medical care may also qualify. Health club dues and equipment bought for general fitness generally do not. See IRS Publication 502 and ask your plan administrator.

Need help choosing equipment?

Visit **SeniorStrideAcademy.com** for a physical therapist's guides to treadmills, ellipticals, recumbent bikes and the Teeter FreeStep, plus free fall-risk and balance tools.

Disclaimer: This kit is for educational purposes only and is not medical, tax or legal advice. Senior Stride Academy is not affiliated with any HSA or FSA administrator and does not guarantee that any purchase will be approved. Eligibility depends on your provider's assessment, your plan's rules and IRS guidelines.