Culinary Medicine · Savannah, Georgia · freshflavourspcs.com

Letter of Medical Necessity

For submission to your HSA / FSA plan administrator

This form documents the medical necessity of personal chef and culinary medicine services provided by Fresh Flavours PCS. Under IRS Code Section 213(d), such services may be an eligible expense for Health Savings Account (HSA) or Flexible Spending Account (FSA) reimbursement when a licensed health care provider certifies they are medically necessary. Please complete this form in full and sign below.

1. Patient Information

Patient full name

Date of birth

HSA / FSA plan administrator (e.g., HealthEquity, Navia, WEX, Optum Financial)

2. Diagnosis

Specific diagnosis

ICD-10 code (if available)

Date of diagnosis

3. Recommended Treatment

Describe the recommended service and how it treats or alleviates the diagnosis above:

Frequency (e.g., weekly)

Duration of treatment

4. Provider Certification

I certify that the above service is medically necessary to treat the diagnosed condition and is not solely for general health or wellness purposes.

Provider name (print)

Credential (MD / DO / NP / PA)

License number & state

Phone number

Provider signature

Date

This letter is typically valid for one year from the date signed. Requirements vary by plan administrator; please confirm accepted providers and documentation with your HSA/FSA administrator. Submission of this letter does not guarantee reimbursement.