



Know your family's story. Shape your future.

LETTER OF MEDICAL NECESSITY

FSA · HSA Reimbursement Support

Instructions for your physician

Under IRS Section 213(d), FSA/HSA reimbursement for health products requires a physician's certification of medical necessity for a diagnosed condition. This template is provided by Kinvera Health for your physician's convenience. Please complete all sections on your practice letterhead, sign, and return to your patient. Your patient will submit this letter with their reimbursement claim. Kinvera Health does not collect, store, or process this document.

SECTION A — ACCOUNT HOLDER / PATIENT INFORMATION

Last name: First name:
Date of birth (MM/DD/YYYY): Spending account ID:
Street address:
City: State: ZIP code:
Primary phone: Email address:

SECTION B — DIAGNOSIS & RECOMMENDED TREATMENT

Patient name (if different from above): Date:
Diagnosis: Diagnosis code (ICD-10):
Recommended product / service:
Kinvera Health — family health mapping and personalized preventive screening platform (kinverahealth.com)

How this product will alleviate the diagnosed condition:
Describe specifically how Kinvera Health addresses the diagnosed condition — e.g., "Surfaces family-history-adjusted colonoscopy timing for a patient with a first-degree relative diagnosed with colorectal cancer at age 52," or "Provides structured preventive screening guidance calibrated to the patient's documented cardiovascular disease family history." General wellness is not reimbursable under IRC §213(d).

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**Treatment start date  
(MM/DD/YYYY):**

**End date (MM/DD/YYYY):**

*(e.g., 12 months or ongoing)*

\_\_\_\_\_ to \_\_\_\_\_

**SECTION C — TREATING PROVIDER INFORMATION**

**Treating provider name:**

**License # and licensing state:**

**NPI number:**

**Provider address:**

**Provider phone number:**

*I certify that the above-named treatment is medically necessary to treat the diagnosed medical condition listed in Section B, as defined under IRS Publication 502, Medical and Dental Expenses (Section 213d). The patient would not incur these expenses if not treating this medical condition. General wellness is not the basis for this recommendation.*

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date

**PATIENT INSTRUCTIONS**

1. Ask your physician to complete this form and return it to you on their practice letterhead.

2. Download your Kinvera subscription receipt from [kinverahealth.com](http://kinverahealth.com) · Account · Billing.

3. Submit this completed letter with your reimbursement claim to your FSA/HSA plan administrator. Full in-app eligibility via TrueMed coming Q4 2026.

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*This template is for administrative convenience only. Kinvera Health does not provide medical or tax advice. Submitting this form does not guarantee reimbursement.*