Letter of Medical Necessity

For HSA or FSA reimbursement. The child's clinician completes and signs this letter, ideally on practice letterhead.

Date

To: HSA/FSA plan administrator

Patient

Patient name

Date of birth

Parent or guardian (account holder)

Recommendation

I am this patient's treating clinician. Based on my evaluation, I recommend FizzyFocus, a dietary supplement drink mix made by FizzyIQ, as part of this patient's care for the condition below.

Diagnosis or condition (ICD-10 code if applicable)

Reason for recommendation

Recommended amount

☐ 1 serving daily (ages 8 to 13) ☐ 2 servings daily (ages 14 and up) ☐ Other:

Expected length of use (months)

Starting

In my medical judgment, this product is needed for this patient's care as described above.

Clinician

Name and credentials

NPI

Practice

Phone

Address

Signature

Date

About FizzyFocus, for the clinician

One serving contains 15 active ingredients, including vitamins C, D3, B6, folate and B12, magnesium, zinc, phosphatidylserine, L-theanine and 50 mg of caffeine from green tea. Supplement Facts and third-party test results: fizzyiq.com/products/fizzyfocus. Coverage depends on the patient's plan; FizzyIQ does not decide eligibility.