Nervana

LETTER OF MEDICAL NECESSITY (LMN)

Nervana: Nervous-System Education & Coaching Program

(For HSA/FSA reimbursement)

Patient Information

Name: _____

Date of Birth: _____

Address: _____

Clinician Information

Clinician Name: _____

Credentials / License Type: _____

Practice Name: _____

Address: _____

Phone: _____

Email: _____

Diagnosis

The patient has been evaluated by me and carries the following diagnosis or diagnoses (check all that apply):

☐ Chronic unspecified or neuroplastic pain
☐ IBS or functional gastrointestinal symptoms
☐ Chronic fatigue
☐ Chronic headaches or migraines
☐ Functional somatic symptoms
☐ Sleep disturbances or insomnia
☐ Symptoms influenced by stress or nervous-system dysregulation

☐ Other diagnosed condition: _____

Nervana

Clinical Recommendation

I am recommending the Nervana Nervous-System Education & Coaching Program as supportive care for the patient's diagnosed condition(s).

Nervana is an educational and coaching program that provides science-backed nervous-system education, guided practices, personalized coaching conversations and lifestyle-support tools. It does not diagnose, treat, or cure medical conditions. It is intended to complement ongoing medical care by helping patients understand their brain-body connection, build stress-regulation skills, and reduce the impact of chronic neuroplastic symptoms as part of a healthy lifestyle.

Reason for Recommendation

(Clinician may check more than one)

☐ To support lifestyle changes related to symptom management
☐ To help the patient understand and navigate chronic neuroplastic symptoms
☐ To improve nervous-system regulation skills
☐ To complement ongoing medical or behavioral care
☐ To provide structured educational tools that may reduce symptom burden
☐ Other: _____

Medical Necessity Statement

In my clinical judgment, participation in this program is appropriate supportive care for the patient's diagnosed condition(s).
This recommendation supports eligibility for HSA/FSA reimbursement under IRS §213(d).

Clinician Signature

Signature: _____

Date: _____