RIVATA

getrivata.com

Letter of Medical Necessity

For HSA or FSA reimbursement. To be completed and signed by the patient's licensed clinician.

For the patient: if your HSA or FSA plan has its own form, use that one instead.
RIVATA provides this template for convenience. RIVATA does not decide eligibility; your clinician and your plan do.

1 Patient

Patient full name

Date of birth

HSA or FSA plan / employer (optional)

2 Item recommended

RIVATA AURA LED light therapy face mask, sold by RIVATA (getrivata.com)

☐ AURA Lite ☐ AURA 4D

3 Clinician assessment

Diagnosis or condition being treated

ICD-10 code (optional)

How this item treats or mitigates the condition

Recommended use (how often, minutes per session)

Expected length of treatment

I have evaluated this patient. In my professional judgment, the item above is medically necessary to treat the condition listed, and I am not recommending it for general wellness or cosmetic purposes.

4 Clinician

Name and credentials

License number and state

NPI

Practice name

Phone

Practice address

Signature

Date

RIVATA provides this template for convenience only and does not provide medical or tax advice. HSA and FSA eligibility depends on the patient's medical situation and plan rules. Keep this letter with your order receipt and tax records.