LMN HSA/FSA

LETTER OF MEDICAL NECESSITY

HEALTH SAVINGS ACCOUNT
HEALTH-CARE FLEXIBLE SPENDING ACCOUNT

HEALTHCARE PROVIDER INFORMATION

Name and Title (e.g., MD, DO, NP)	
Medical Practice Name	
Address	
Phone or Email	

PATIENT INFORMATION

Patient's Full Name	
Date of Birth	
ICD-10 Code	(requested, not always required)
Medical Diagnosis/Condition	

RECOMMENDED PRODUCT AND SERVICE

CozeeCoo® Wearable Infant Positioning Blanket & Class I US FDA Registered Medical Device

- This is a medically necessary positioning device, not for behavioral control, is the least restrictive intervention available (retaining body, limbs, elbow and hip mobility, supporting repositioning when rolling, muscle and motor skill development) to achieve the clinical goal and will be periodically reassessed for continued need.

□ Reduce interference with medically necessary treatments (e.g. ngtube, nasal cannula, IV line, NAM device, nasal stent, cleft taping, gtube, cochlear implants, post procedure recovery site(s), topical medication(s)).
□ Allow healing of severe skin conditions, minimizing injury and infection risk.
□ Maintain proper positioning and limb control for therapeutic outcomes.
□ Other

DURATION OF USE

2-3 Weeks	4-6 Weeks	2-3 Months
6 Months	Until Recovery is Complete	Other

Healthcare Provider's Signature Date:

For any questions regarding the CozeeCoo®, please contact Jennifer Stelmakh, CEO / Founder / Inventor at CozeeCoo® at jennifer@cozeecoo.com