

TO BE COMPLETED BY THE LICENSED MEDICAL PROVIDER:

Physician/Provider Name (Printed): _____

Provider Title (MD, DO, DC, NP, LCSW): _____

Clinic/Practice Name: _____

National Provider Identifier (NPI): _____

Patient Name: _____

Patient Date of Birth: _____

To Whom It May Concern,

I am writing this letter of medical necessity on behalf of my patient named above for the following diagnosed condition(s):

Diagnosis: _____

ICD-10 Code(s): _____

As part of the patient's overall care plan, I am recommending/referring this patient for **Sentering Sessions™**, a complementary mind-body wellness service provided by **Sentered, LLC / Roxy S. Hendley**.

Clinical Rationale

The patient's diagnosed condition is accompanied by or may benefit from additional support related to::

- ☐ Persistent stress or trauma-related response
- ☐ Muscular tension or physical discomfort
- ☐ Sleep disturbance
- ☐ Anxiety or stress-related symptoms
- ☐ Menopause/perimenopause-related concerns
- ☐ Dietary habits or nutritional support
- ☐ Documented nutritional deficiency
- ☐ Lifestyle or behavioral modification
- ☐ Other: _____

Relevant documentation—including medical history, diagnostic imaging, records of previous treatments, and specialists evaluations—is included to provide additional clinical context and substantiate the medical necessity of the recommended intervention.

Role of intervention:

Complementary mind-body support is recommended to assist the patient with stress management, relaxation, body awareness, and overall well-being alongside the medical care already in place. Support may include mind-body stress management, relaxation and body awareness practices, dietary and lifestyle education, and other wellness strategies appropriate to the patient's needs and within the consultant's scope of practice.

Diagnosis: _____

ICD-10 Code(s): _____

Common Referral Codes, When Clinically Applicable

Stress / Accident Recovery

F43.10 — Post-traumatic stress disorder, unspecified

F41.1 — Generalized anxiety disorder

M79.1 — Myalgia

Menopause / Sleep

N95.1 — Menopausal and female climacteric states

G47.00 — Insomnia, unspecified

Nutrition / Lifestyle

Z71.3 — Dietary counseling and surveillance

Z72.4 — Inappropriate diet and eating habits

Documented Nutritional / Related Conditions

E63.9 — Nutritional deficiency, unspecified

E55.9 — Vitamin D deficiency, unspecified

E61.2 — Magnesium deficiency

M81.0 — Age-related osteoporosis without current pathological fracture

Other Diagnosis: _____ ICD-10: _____

Diagnosis and applicable ICD-10 code(s) are determined by the patient's licensed healthcare provider.

Recommended Frequency

____ sessions per month for ____ months

— or —

☐ 3-Session Recovery Series

☐ 10-Session Recovery Series

☐ 6-Session Recovery Series

☐ Other: _____

Medical Necessity / Recommendation

In light of the patient's diagnosis and research indicating clinical benefit, the prescribed mind-body wellness consulting is medically necessary as part of the treatment plan in mitigating, or preventing the progression of the patient's diagnosed condition listed above.

Sincerely,

Referring Provider _____

Credentials: _____

Provider Signature: _____ Date: _____