SoundHealth

Letter of Medical Necessity

Patient: Mail or Fax this form (and a copy of your receipt) to your FSA/HRA Administrator (or retain for your HSA records)

Physician Information

Practice Name

Physician Name:

Address:

Phone # Email

Date:

Re: FSA/HSA Reimbursement for SONU Device

I am writing to confirm that my patient,_____, has been diagnosed with **[nasal congestion/allergic rhinitis/sinusitis]**. As part of their treatment plan, I have recommended the use of the **SONU** device.

SONU is an FDA-cleared, AI-powered, non-invasive therapy specifically designed to treat nasal congestion symptoms. SONU offers a drug-free solution that helps relieve the patient's condition via acoustic vibrational energy which provide personalized relief for nasal congestion.

I am recommending **SONU** to aid in the effective management of my patient's condition. Therefore, I request that this device be considered eligible for reimbursement under the patient's **Flexible Spending Account (FSA)** or **Health Savings Account (HSA)** as it qualifies as a medical expense for treatment.

Device Information:

- **Device Name**: SONU
- **Manufacturer**: SoundHealth
- **Purpose**: Treatment of nasal congestion (non-invasive, drug-free therapy) due to allergic and non allergic rhinitis.

Should you require any additional information to process this claim, please do not hesitate to contact my office.

Thank you for your attention to this matter.

Signature of Attending Physician