PERFECTIONIST SOLUTIONS

To whom it may concern,

This letter is written to provide information about my client ___________________________________ who started health and wellness coaching with Perfectionist Solutions on ______________, 20_____.

Perfectionist Solutions is a health + wellness coaching business that provides coaching, assessments and lessons. Clients are charged __________ for ______________________health + wellness coaching and assessment services.

As a master-level practitioner and coach professional trained in behavior change theory, neuroplasticity, motivational strategies and advanced communication techniques, I created Perfectionist Solutions to empower individuals to take ownership, leadership and accountability of their well-being.

The focus is on developing intrinsic motivation and obtaining key skills to create sustainable, permanent change for improved health and well-being.

For information about our health + wellness coaching visit
https://courtneylovegavin.com/insurance-cover-coaching

Sincerely,

Courtney Love Gavin

COURTNEY LOVE GAVIN
Founder & CEO

PERFECTIONIST SOLUTIONS
424-744-0372 | SUPPORT@COURTNEYLOVEGAVIN.COM
WWW.COURTNEYLOVEGAVIN.COM

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LETTER OF MEDICAL NECESSITY

This letter serves as a prescription and letter of medical necessity for the patient referenced below currently being treated for ____________________with one or more health consequences.

Patient Name:	
Date of Birth:	
Address:	
Patient Phone:	
Social Security #:	
Doctor:	
Doctor Phone:	

To be filled out by doctor regarding patient listed above:

Today's Date:	
Length of Time Treating Patient:	
I refer this patient bc of diagnosis of….	__Depression __ADHD __Obesity __OCD __PTSD __Anxiety __Insomnia __ADD __Impaired Executive Functioning __Exhaustion and Fatigue __Other (list)
ICD-10-CM	

In summary, Perfectionist Solutions is medically necessary and reasonable to treat _____________ diagnosis of _______________[Diagnosis].

Physician Signature: ____

Date: ____

Patient should keep this letter for tax purposes for proof necessary for reimbursement under a FSA, HRA, or Health Insurance Coverage Plan.