

————— own your ———

## EATING HABITS

DATE: -----

**RE: Letter of Medical Necessity for Own Your Eating Habits Program for FSA/HSA Reimbursement**

To whom it may concern,

This letter is written to provide information about the membership of ----- who started our weight loss program on -----, 20-----.

The Own Your Eating Habits Program is a weightloss program and monthly membership subscription. Members are charged a recurring monthly membership fee for the Own Your Eating Habits Program.

As a Certified Health and Life Coach, I've created The Own Your Eating Habits Program to teach women how to change their eating behaviors naturally so they can lose weight sustainably.

The focus is on learning how to eat according to your body and how to change your relationship with food.

The program teaches women to lose weight through:

- Mindset management and emotional regulation
- Tuning into their natural body cues
- Learning to enjoy foods they love in moderation

For more information about the program, visit <http://katrentas.com/hsa-fsa-info>

Sincerely,



**KAT RENTAS**  
COACH & FOUNDER

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