

Letter of Medical Necessity for MUTU System

[Physician's Letterhead]

Date: _____

To Whom It May Concern,

I am writing on behalf of my patient, _____,

who has been diagnosed with _____

(e.g. diastasis recti, pelvic floor dysfunction, pelvic organ prolapse, pregnancy, postpartum or menopause-related musculoskeletal issues).

To support the treatment of this condition, I recommend MUTU System-a structured, evidence-based digital rehabilitation program focused on core and pelvic floor recovery. The program includes medically-informed and evidence-based exercises and educational content designed to restore core and pelvic floor function.

The MUTU System is medically necessary for this patient in order to:

- Restore core strength and physical function
- Improve pelvic floor health and continence
- Alleviate symptoms associated with postpartum musculoskeletal dysfunction
- Prevent further complications or injuries related to postpartum recovery

Recommended Duration of Treatment: 12 months, aligning with the full access period to MUTU System's clinically-informed rehabilitation content and progression. This recommendation meets the IRS definition of qualified medical care under IRC Section 213(d), which includes expenses incurred for the diagnosis, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.

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Sincerely,

Physician's Name, Credentials

Medical License Number

Practice Name or Clinic

Phone Number / Email Address

Physician Signature