



Vagus Nerve Rehab

TRIPLE VAGAL METHOD™ (TVM) SOMATIC THERAPY

Clinical Referrals Team

Vagus Nerve Rehab

Email: tvm@vagusnerverehab.com

Web: www.vagusnerverehab.com

LETTER OF MEDICAL NECESSITY (LMN)

Patient Health Savings Account (HSA) & Flexible Spending Account (FSA) Clinical Referral Form

In accordance with Internal Revenue Code (IRC) Section 213(d), this documentation must be completed by a licensed healthcare provider to verify medical necessity.

1. PATIENT DEMOGRAPHICS & INFORMATION

Patient Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Referral Date: ____ / ____ / ____

2. CLINICAL DIAGNOSIS & SYMPTOMATIC NECESSITY

The patient named above is currently under my care. I have diagnosed this patient with the following condition(s) and determine that the clinical neurosomatic treatments prescribed below are medically necessary to treat, mitigate, or manage their symptoms:

☐ Post-Traumatic Stress Disorder (PTSD) / Complex Trauma	ICD-10 Code: F43.10
☐ Chronic Pain Syndrome / Myofascial Tension & Visceral Tightness	ICD-10 Code: M79.7 / G89.4
☐ Stress-Related Enteric & Digestive Disruptions / Motility Dysfunction	ICD-10 Code: K59.0 / K58.9
☐ Chronic Fatigue Syndrome / Autonomic Dysregulation & Sleep Disorders	ICD-10 Code: R53.82 / G47.00
☐ Other Diagnosed Clinical Condition: _____	ICD-10 Code: _____

3. PRESCRIBED NEUROSOMATIC TREATMENT PLAN

Prescribed Modality: Somatic Triple Vagal Method (TVM™) Therapy

TVM is a manual, physical somatic protocol designed to interface directly with the autonomic nervous system. By applying gentle, sustained physical pressure on specific physiological, fascial, and cranial points, this clinical approach stimulates the vagus nerve and enteric nervous system to complete interrupted stress cycles, promote fascial release, and restore a grounded vagal tone. This bottom-up physical therapy bypasses cognitive narratives and is prescribed strictly for symptom mitigation, not general wellness.

Prescribed Frequency:	☐ 1 Session / Week	☐ 2 Sessions / Month	☐ Other: _____
Prescribed Duration:	☐ 3-Session Reset	☐ 6-Session Recalibration	☐ _____ Weeks / Months

Designated Somatic TVM Practitioner: Nia Zambrano, Certified Somatic TVM Practitioner & Educator **Clinical Practice:** Vagus Nerve Rehab

Specialization: Triple Vagal Method™, Polyvagal Brain-Gut Access Certified

Contact Details: www.vagusnerverehab.com | Email: tvm@vagusnerverehab.com

4. LICENSED HEALTHCARE PROVIDER CERTIFICATION

Provider Name: _____

Credentials / Title: _____ (MD, DC, NP, etc.)

NPI Number: _____

State License No: _____

Clinic Address: _____

Provider Signature: _____

Date Signed: ____ / ____ / ____

IRS AUDIT COMPLIANCE NOTICE: The patient is solely responsible for submitting this form and detailed session receipts to their HSA/FSA third-party administrator. For IRS audit protection, the patient must retain a signed copy of this Letter of Medical Necessity (LMN) and all transaction receipts from Vagus Nerve Rehab in their personal records for at least seven (7) years. A new LMN form must be re-authorized annually.

PATIENT & PROVIDER DISCUSSION GUIDE

Clinical instructions and compliance checklists to facilitate seamless HSA/FSA payment and reimbursement.

1. THREE-STEP REIMBURSEMENT FLOW FOR PATIENTS

- Step 1: Consult Your Doctor** — Present this form to your primary care physician, chiropractor, psychiatrist, or licensed specialist. Briefly discuss how your symptoms (e.g., chronic back pain, PTSD hypervigilance, severe sleep issues, or digestive disruptions) are physically addressed via the Triple Vagal Method (TVM™) somatic protocol.
- Step 2: Submit to Your Administrator** — Once your doctor signs and dates this LMN, log in to your third-party HSA/FSA member portal. Upload the completed LMN to register your treatment plan as a pre-authorized Qualified Medical Expense.
- Step 3: Book and Pay** — Pay directly at checkout on www.vagusnerverehab.com using your pre-tax HSA or FSA debit card. Our gateway is fully coded under Medical Category Code (MCC) 8099. If your card is declined by your bank, pay with a standard card and submit our itemized clinical invoice + your signed LMN for reimbursement.

2. CLINICAL BRIEF FOR REFERRING HEALTHCARE PROVIDERS

Physiological Mechanism: The Triple Vagal Method (TVM™) is a structured, body-based neurosomatic treatment that directly addresses autonomic nervous system dysregulation, somatic hypervigilance, and fascial tightness. Unlike cognitive talk-based models, TVM applies a hands-on physical protocol, utilizing sustained manual pressure on specific cranial, thoracic, and pelvic physiological points to stimulate the vagus nerve (specifically targeting the ventral vagal branch) and stimulate the enteric nervous system in the gut-brain axis.

Clinical Objectives: TVM works to complete interrupted physical stress cycles and chronic trauma survival loops (fight, flight, freeze, or functional freeze) that remain locked in muscle tissue and myofascial layers. By down-regulating autonomic over-arousal and resolving physical tension, TVM decreases sympathetic dominance, increases parasympathetic vagal tone, promotes fascial release, restores natural gut motility, and promotes deep, restorative sleep. This clinical, physical therapy serves as a robust, drug-free adjunctive treatment for diagnosed chronic pain, PTSD, sleep disorders, and severe stress-induced somatic conditions.

3. HSA/FSA BILLING COMPLIANCE & CLINICAL TERMINOLOGY

Under IRS guidelines, certain words can automatically trigger administrative delays, flags, or declines. To protect patient compliance, Vagus Nerve Rehab strictly utilizes standardized medical and scientific descriptions on all billing receipts, superbills, and invoices. The following table highlights our billing compliance mapping:

Clinical Category	Standard Compliance Billing Terminology
Nervous System Work	Somatic Protocol / Autonomic Regulation / Neurosomatic Therapy
Direct Stimulation	Somatic Vagus Nerve Stimulation / Cranial-Sacral Pressure
Fascial Integration	Somatic Integration / Physical Stress Cycle Completion