



Example Letter of Medical Necessity for Exercise Program / Gym Membership

[Provider's name, title, and credentials]

[Provider contact information]

[NPI and/or license number]

[Practice name and address]

[Practice contact information]

[Date]

To Whom It May Concern:

I am writing on behalf of my patient, [patient's full name], DOB: [MM/DD/YYYY]. [Patient name] has been diagnosed with prediabetes (ICD-10: R73.03). I am recommending a gym membership to be used [frequency/duration and location].

As part of a comprehensive, evidence-based treatment plan, I am prescribing regular structured physical activity as a medically necessary intervention. Clinical guidelines from the American Diabetes Association and other leading organizations support physical activity as a first-line therapy for improving insulin sensitivity, lowering blood glucose levels, reducing A1C, and supporting weight management in individuals with prediabetes.

[Patient Name] would significantly benefit from access to a gym or structured exercise facility, which provides a safe and appropriate environment to engage in both aerobic and resistance training. These forms of exercise are specifically recommended to:

- Improve insulin sensitivity and glucose metabolism
- Reduce risk of progression to type 2 diabetes
- Support sustainable weight management
- Improve cardiovascular health and overall functional status

Due to [optional: patient-specific barriers such as lack of safe exercise environment, need for equipment, structured programming, or clinical supervision], access to a gym membership is an essential component of this patient's treatment plan.

In light of the patient's diagnosis and research indicating clinical benefit, a gym membership is medically necessary as part of the treatment plan.

Sincerely,

[Provider's name, title, and credentials]

[Date]

[Signature]