

Sample Letter of Medical Necessity

[Healthcare Provider's Letterhead]

[Provider's Name]

[Provider's Address]

[City, State, Zip] [Phone
Number]

[Date]

To Whom It May Concern,

I am writing to confirm that my patient, [Patient's Full Name], is currently under my care for [medical condition or diagnosis]. As part of their treatment plan, it is medically necessary for them to use skincare products that are free of synthetic ingredients, fragrances, and other irritants that may exacerbate their condition.

I recommend that [Patient's Full Name] use products from Footsie Tootsie Soapery, specifically [list specific products such as Whipped Tallow Moisturizer, Tallow Soap Bars, etc.], which are made with natural, skin-nourishing ingredients known to be gentle and supportive of compromised skin barriers.

These products are a necessary part of the patient's ongoing care regimen to manage their symptoms and support skin healing.

If you have any questions, please feel free to contact me at the information provided above.

Sincerely,

[Healthcare Provider's Signature]

[Healthcare Provider's Printed Name and Credentials]

Disclaimer:

The Sample Letter of Medical Necessity provided above is for informational purposes only. It is intended to serve as a general example to assist clients in communicating with their healthcare providers. We are not healthcare providers and this does not guarantee that use of this sample letter will result in the approval of HSA/FSA reimbursement. Each client is responsible for consulting their licensed healthcare provider and verifying eligibility with their HSA/FSA plan administrator. We do not provide medical advice, diagnoses, or treatment recommendations.