BBP Admin
BENEFITS ADMINISTRATION
COBRA, FMLA, FSA, HRA, HSA, TRANSIT
info@bbpadmin.com
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630 773 2337

Letter of Medical Necessity

Please include this letter of medical necessity in order to be reimbursed for Medical claims that have been deemed ineligible by the IRS, such as certain OTC items, vitamins or gym memberships. This signed letter will only be valid for the current plan year.

Employee Name_____

Employer_____

Email or phone number_____

To be completed by your physician

Describe the diagnosed condition to be treated: _____

_____

_____

_____

Describe the recommended treatment: _____

_____

_____

_____

Indicate the duration of the treatment: _____

_____

Please read the following and sign & date:
This treatment is medically necessary to treat the medical condition(s) listed above.
The treatment listed is not for general health purposes, not to improve the patient's appearance or for cosmetic services.

Physician Signature:_____ Date: _____

Printed Physician Name: _____ Phone Number:_____

Address: _____

BBPadmin
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