HRA Letter of Medical Necessity

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A medical care expense must be for alleviating or preventing a physical or mental condition, not for general wellness. According to IRS guidelines, some expenses require a Letter of Medical Necessity from a licensed medical provider for reimbursement. This letter, which can be on this template or your doctor's letterhead, must include your name, diagnosis, specific treatment, and start date. It should be attached each time you submit an expense and is valid for up to one year unless otherwise specified.

Provider Eligibility: Only licensed medical professionals such as Physicians (MD, DO), Nurse Practitioners (NP), and Physician Assistants (PA) can sign this letter.

Providers who cannot sign this letter include: Chiropractors, Acupuncturists, Physical Therapists, Massage Therapists, Dieticians, and other non-licensed professionals. If you have questions about provider eligibility, please contact our support team at support@peoplekeep.com.

Disclaimer: Falsifying this document constitutes fraud and may have legal consequences. Ensure all information is accurate and truthful.

Please print legibly

Patient Name: _____

Diagnosis: _____

Recommended Treatment: *Please specify the exact treatment or product recommended. For example, instead of saying "supplements," please state the specific supplement, such as "magnesium."*

_____

_____

Start Date: _____

Duration of Treatment: _____
This letter is valid for the duration of the treatment stated or up to one year if no specific duration is provided.

Medical Provider Certification

I certify that this service or product is medically necessary for the treatment or prevention of the condition listed above and is not for general health or cosmetic purposes.

By signing this form, I acknowledge that I am a board-certified physician.

Provider's Name (Please print):_____

Provider Type: ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other_____

Provider's Signature:_____ Date: _____

Clinic Name: _____

Phone Number:_____

Provider Stamp (if available)

Note: *This form must be fully completed, including the date and provider information, for it to be accepted.*