Letter of Medical Necessity

To Whom It May Concern,

I am writing this letter to confirm that my patient, [Patient Full Name], has been diagnosed with interstitial cystitis (IC) or bladder pain syndrome (BPS), a chronic condition characterized by urinary urgency, frequency, pelvic discomfort, and/or bladder pain.

In my professional medical opinion, participation in the educational program titled '12 Weeks to a Happy Bladder' is a medically necessary component of my patient's treatment plan. This program provides structured, evidence-informed guidance on dietary modifications, pelvic floor relaxation techniques, nervous system regulation, and symptom management tools—all of which are highly relevant to the therapeutic management of interstitial cystitis.

Given the chronic nature of IC/BPS and the limited access to coordinated care for many patients, this structured self-paced program is a practical and effective adjunct to standard clinical care. It may help reduce symptom severity, improve quality of life, and reduce the frequency of in-person visits with specialists.

Therefore, I am recommending this program as medically necessary for the above-mentioned patient. I support the use of Health Savings Account (HSA) funds to cover the cost of participation.

Sincerely,

[Provider's Full Name]

[Medical Credentials]

[Clinic or Practice Name]

[Phone Number]

[Email Address]

[Date]