CATCHFORDS

LETTER OF MEDICAL NECESSITY & ATTESTATION

PATIENT INFORMATION

Patient Name: ..... **Date of Birth:** .....

Procedure / Diagnosis: .....

ICD-10 Code: ..... **Date of Procedure:** .....

Retailer: ..... **Order Number:** .....

TO THE HEALTHCARE PROVIDER

Your patient is requesting documentation to support the use of Catchfords Recovery Briefs — a post-procedure comfort garment designed to provide gentle coverage, support sensitive areas, and help reduce clothing-related friction during the recovery period following urologic procedures, dermatological treatments, or skin-related interventions.

Please complete the attestation section below to confirm that this garment is clinically appropriate for your patient's post-procedure care plan and HSA/FSA reimbursement purposes. The retailer and order number above may be used to match this letter to the patient's purchase record.

HEALTHCARE PROVIDER ATTESTATION & RECOMMENDATION

> I certify that the above-named patient would benefit from Catchfords Recovery Briefs as part of their post-procedure care plan or management of increased skin sensitivity. In my clinical judgment, this garment is appropriate to help reduce irritation from clothing, limit friction during routine movement, and provide consistent, gentle coverage of the affected anatomical area.

Duration / Need: ..... **Quantity / Units:** .....

Provider Name: ..... **Medical Title:** .....

NPI Number: ..... **Phone:** .....

Clinic / Practice: .....

_____ _____

Provider Signature **Date**

This document is provided for informational purposes to assist with FSA/HSA reimbursement requests. It does not replace an evaluation of determination by your healthcare provider or FSA/HSA plan administrator. Reimbursement eligibility and documentation vary by plan, please confirm requirements with your plan administrator.

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