

SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE
FOR PROMETHEUS® IBD sgi Diagnostic™

(Please edit appropriately based upon your own information and medical history)

<DATE>

Insurance name
Insurance address
Insurance city, state zip code

Regarding PROMETHEUS® IBD sgi Diagnostic™ testing for:

Name: Patient name
Date of Birth: Patient date of birth
Insurance ID: XXXXXXXXXXXXX
Policy Holder: Policy holder name

Dear Medical Director, Preauthorization Department:

I am writing to request coverage for the diagnostic test that my physician, [physician name] at [facility name] in [city, state] has ordered. My physician and I feel that this test is a medically necessary step and we would like to use the PROMETHEUS® IBD sgi Diagnostic™ to assist in making a diagnosis and gain insight into my illness and treatment options.

(Describe all information relevant to your symptoms and treatment)

(Select the scenario that applies to your situation)

- [Physician's name], and I prefer using Prometheus to perform the IBD testing instead of an alternative in-network laboratory testing because Prometheus is the only laboratory offering a test for IBD that combines serologic, genetic, and inflammation markers, some of which are proprietary. It also uses a Smart Diagnostic Algorithm to help exclude or confirm inflammatory bowel disease.
- There is not an in-network laboratory near me willing to refer this test or able to provide comparable testing.
- I was directed to utilize an in network laboratory, but my blood sample was referred to Prometheus without my knowledge.

I've included information about Prometheus and several scientific references validating the performance and value of the PROMETHEUS IBD sgi Diagnostic test.

Please approve full coverage for the PROMETHEUS IBD sgi Diagnostic or at least apply in-network benefit coverage waiving all out-of-network deductibles for laboratory testing.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks.

Sincerely,

Patient name
Patient address
Patient city, state zip code
Patient phone number

cc: [physician name]

Attachments:

1. PROMETHEUS® IBD sgi Diagnostic™ Product Detail Sheet

For additional information about PROMETHEUS IBD sgi Diagnostic or procedure code descriptions, contact Prometheus Laboratories Inc. at 1-888-892-8391.

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