

SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE
FOR PROMETHEUS[®] Serum Infliximab measurement

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

<DATE>

Red Cross Red Shield
P.O. Box 12345
Los Angeles, CA 90060

Dear Medical Director, Preauthorization Department:

I am writing to request coverage for the diagnostic test that my gastroenterologist, Dr. Ulysses Grant at Sunnyvale Community Hospital in San Diego, CA ordered: PROMETHEUS[®] Serum Infliximab measurement. My doctor and I feel that this test is a medically necessary step and we would like to use the PROMETHEUS Serum Infliximab measurement test to assist with therapeutic decisions.

PATIENT INFORMATION

Name: Jane Doe
Date of Birth: November 12, 1985
Insurance ID: XXX123456789
Policy Holder: Mr. John Doe

(List information relevant to your symptoms and treatment)

TEST DESCRIPTION

Serum infliximab concentrations may vary among equally dosed patients. PROMETHEUS Serum Infliximab measurement can aid physicians in determining the dose of infliximab and guide infusion intervals.

PROMETHEUS Serum Infliximab measurement is offered only at Prometheus Laboratories Inc., a clinical reference laboratory in San Diego, California. Prometheus is CLIA certified and CAP accredited. All laboratory tests have been validated in accordance with the guidelines established by these and other applicable agencies. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

NETWORK PROVIDER SERVICES

I chose Prometheus to perform PROMETHEUS Serum Infliximab measurement instead of alternative in-network laboratory testing because of the information provided on their comprehensive report. There is no in-network laboratory in my area willing to refer the test or able to provide comparable testing.

LABORATORY AND PHYSICIAN INFORMATION

For additional information about PROMETHEUS® Serum Infliximab measurement contact Prometheus Laboratories Inc. at 1-888-423-5227. If you require additional medical information, please contact Dr. Grant at XXX-XXX-XXXX.

Please approve full coverage for PROMETHEUS Serum Infliximab measurement or at least apply in-network benefit coverage for this test.

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

Sincerely,

Jane Doe
1234 Main Ave.
Los Angeles, CA 90210
XXX-XXX-XXXX

cc: Dr. Ulysses Grant

SAMPLE