

**SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE  
FOR PROMETHEUS® CROHN'S PROGNOSTIC TEST**

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

<DATE>

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

Regarding PROMETHEUS® Crohn's Prognostic test

Name: Jane Doe  
Date of Birth: February 25, 1969  
Insurance ID: XXXX123456789  
Policy Holder: Mr. John Doe

Dear Medical Director, Preauthorization Department:

I am writing to request coverage for the PROMETHEUS® Crohn's Prognostic test that my gastroenterologist, Ulysses Grant at Sunnyvale Community Hospital in San Diego, CA has ordered. My doctor and I feel that this test is a medically necessary step and this test may allow physicians to stratify their CD patients according to their risks of developing complications over time and personalize the disease treatment plan for the patients.

***(Describe all information relevant to your symptoms and treatment.)***

PROMETHEUS Crohn's Prognostic test is the first and only test that combines proprietary serologic and genetic (serogenetic) markers in a logistic regression model to provide individualized probabilities for developing disease complications after diagnosis in patients with Crohn's disease. This test may allow physicians to stratify their CD patients according to their risks of developing complications over time and personalize the disease treatment plan for the patients.

Please approve full coverage for the PROMETHEUS Crohn's Prognostic test or at least apply in-network benefit coverage waiving all out of network deductibles for laboratory testing. If necessary, please review these services for any "wrap around benefits" provided under my plan.

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

**Attachments:**

PROMETHEUS Crohn's Prognostic test product detail sheet.

For additional information about the PROMETHEUS Crohn's Prognostic test procedure code descriptions, contact Prometheus Laboratories Inc. at 1-888-892-8391.