

**SAMPLE PATIENT APPEAL LETTER
FOR PROMETHEUS® Celiac Serology**

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

Note to Patient: If coverage was denied by your Medical Group rather than your Insurance Carrier, this letter should be addressed to the Medical Director at the Medical Group with a copy to your Insurance Carrier.

<DATE>

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

Dear Medical Appeals Reviewer:

I am writing to appeal your decision about medical coverage for the PROMETHEUS® Celiac Serology diagnostic test that my gastroenterologist, Dr. Ulysses Grant at Sunnyvale Hospital in San Diego, CA ordered. Dr. Grant and I felt that this test was a medically necessary step in the diagnosis and treatment of my symptoms.

PATIENT INFORMATION

I am 20 years old, and because of my symptoms of diarrhea, GI bleeding and bloating, my doctor ordered the PROMETHEUS Celiac Disease Serology to assist in determining whether I have celiac disease.
(List information relevant to your symptoms and treatment)

Name: Jane Doe
Date of Birth: November 12, 1985
Insurance ID: XXX123456789
Policy Holder: Mr. John Doe
Claim #: 111111
Date of service: July 4, 2005
Original Claim: \$290.00
Date of EOB: December 31, 2005
Explanation of Benefits (EOB):

1. Out-of-network deductibles/rates applied
2. Laboratory services available through a capitated laboratory
3. Laboratory testing not considered medically necessary

(List information provided on the insurance EOB)

I would like to address these coverage issues hoping that you will reconsider your decision given the new information listed below.

TEST DESCRIPTION

PROMETHEUS Celiac Serology is a comprehensive serum antibody panel. If testing detects positive Anti-gliadin IgA, Anti-Endomysial IgA, and/or Anti-Tissue Transglutaminase IgA markers, celiac disease is likely. If the Anti-gliadin IgG markers are detected and the patient has a Total Serum IgA deficiency, celiac disease is also suspect.

PROMETHEUS Celiac Serology is offered 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. Extensive studies have been performed. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

NETWORK PROVIDER SERVICES

Doctor Grant and I chose Prometheus to perform PROMETHEUS Celiac Serology instead of alternative in-network laboratory testing because Prometheus offers both sensitivity and specificity that can help exclude or confirm celiac disease in potential celiac patients.

>AND/OR<

My in-network physician ordered the test and directed me to an in-network laboratory which does not offer PROMETHEUS Celiac Disease Serology. I have made a good-faith attempt to follow insurance guidelines and was unaware of the referral to an out-of-network provider.

LABORATORY AND PHYSICIAN INFORMATION

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

REFERENCE MATERIALS

- Fasano A. et al.: Prevalence of celiac disease in at-risk and not-at-risk groups in the United States. *Archives of Internal Medicine*. Feb. 9, 2003;163:286-292
- Kaukinen A, et al.: HLA-DQ typing in the diagnosis of celiac disease. *The American Journal of Gastroenterology*. 2002;97(3):695-699
- Green PHR, Jabri B: Coeliac disease. *The Lancet*. 2003;362(9381): 383-391

Please approve full coverage for PROMETHEUS Celiac Serology 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 Street
Los Angeles, CA 90210
XXX-XXX-XXXX

cc: Dr. Ulysses Grant

cc: [YOUR STATE DEPARTMENT OF INSURANCE OR EQUIVALENT]

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