

**SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE**  
**FOR PROMETHEUS<sup>®</sup> LactoTYPE<sup>®</sup>**

*(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<sup>®</sup> LactoTYPE<sup>®</sup>. My doctor and I feel that this test is a medically necessary step and we would like to use the test to assist in making a diagnosis.

**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**

PROMETHEUS LactoTYPE is a genetic test to identify genetic variant C/T.<sup>13910</sup> which is highly associated with adult-type hypolactasia. Testing assists physicians with stratifying patients with suspected lactose intolerance into those with a genetic predisposition and those whose underlying cause may be due to other disease potentially requiring further diagnostic work up.

PROMETHEUS LactoTYPE 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 agencies. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

**NETWORK PROVIDER SERVICES**

Dr. Grant and I prefer using Prometheus to perform PROMETHEUS LactoTYPE instead of alternative in-network laboratory testing because Prometheus is the only laboratory offering genetic testing for lactose intolerance.

**>AND/OR<**

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® LactoTYPE® 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 LactoTYPE 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