

SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE
FOR PROMETHEUS[®] NOD2/CARD15

(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[®] NOD2/CARD15. My doctor and I feel that this test is a medically necessary step and we would like to use the genetic testing to help establish a prognosis and treatment plan for my Crohn's disease.

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 NOD2/CARD15 is a genetic panel designed to detect three primary mutations associated with the down-regulation of the body's immune response to chronic inflammation in Crohn's disease. Detection of one or more of these mutations suggests likelihood for an earlier age of onset, small bowel structuring, and an elevated association with fibrostenosing disease associated with Crohn's disease. The utility of this panel is to help physicians establish a prognosis which may guide therapeutic decisions for Crohn's patients.

PROMETHEUS NOD2/CARD15 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 NOD2/CARD15 instead of alternative in-network laboratory testing because Prometheus is the only laboratory offering the genetic typing.

>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® *NOD2/CARD15* 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 *NOD2/CARD15* 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