

**SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE
FOR PROMETHEUS® Celiac Serology**

(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® Celiac Serology. My doctor and I feel that this test is a medically necessary step and we would like to use the Celiac Disease Serology 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 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

Dr. Grant and I prefer using 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<

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 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.

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 Ave.
Los Angeles, CA 90210
XXX-XXX-XXXX

cc: Dr. Ulysses Grant

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SAMPLE