

SAMPLE LETTER FOR PATIENT TO REQUEST COVERAGE
FOR PROMETHEUS® Thiopurine Metabolites

(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® Thiopurine Metabolites. My doctor and I feel that this test is a medically necessary step toward my treatment. We would like to use the PROMETHEUS Thiopurine Metabolites serology test to measure the level of thiopurine metabolites in my body to ensure that I am receiving the appropriate amount of medication.

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 Thiopurine Metabolites testing assists physicians in optimizing ongoing dosing of thiopurine immunosuppressant therapy to reach and maintain therapeutic goal. Thiopurine metabolite testing also helps to identify drug metabolite levels that may lead to toxicity and some of the reasons for treatment failure.

PROMETHEUS Thiopurine Metabolites is performed 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 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 Thiopurine Metabolites instead of alternative in-network laboratory testing because this test is proprietary to Prometheus and because of the information provided on their comprehensive report.

>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 the PROMETHEUS[®] Thiopurine Metabolites test 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 Thiopurine Metabolites 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