

**SAMPLE PATIENT APPEAL LETTER
FOR PROMETHEUS® IBD sgi Diagnostic™**

(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>

Insurance name
Insurance address
Insurance city, state zip code

Regarding PROMETHEUS® IBD sgi Diagnostic™ testing for:

Name:	Patient name	Claim #:	XXXXXX
Date of Birth:	Patient date of birth	Date of service:	XX/XX/XXXX
Insurance ID:	XXXXXXXXXXXXXX	Original Claim:	\$690.00
Policy Holder:	Policy holder name	Date of EOB:	XX/XX/XXXX

(This letter will need to address each specific reason for denial or unacceptable payment listed on the insurance EOB.)

Dear Medical Appeals Reviewer:

I am writing to appeal your decision about medical coverage for the PROMETHEUS IBD sgi Diagnostic test that my physician, [physicians name] at [facility name] in [city, state] ordered. [Physicians name] and I felt that this test was a medically necessary step in the diagnosis and treatment of my symptoms. I would like to address these coverage issues hoping that you will reconsider your decision given the new information listed below.

(Describe all information relevant to your symptoms and treatment)

I am [XX] years old, and because of my symptoms of [diarrhea, GI bleeding, and nonspecific enteritis], my physician ordered the PROMETHEUS IBD sgi Diagnostic to help determine whether I have inflammatory bowel disease (IBD) and, if positive, help decide if is Crohn's disease or ulcerative colitis. This information about my illness will help my physician determine my treatment options.

(Select the scenario that applies to your situation)

- [Physician's name], and I chose to use Prometheus to perform the IBD testing instead of an alternative in-network laboratory testing because Prometheus is the only laboratory offering a test for IBD that combines serologic, genetic, and inflammation markers, some of which are proprietary. It also uses a Smart Diagnostic Algorithm to help exclude or confirm inflammatory bowel disease.
- There is not an in-network laboratory near me willing to refer this test or able to provide comparable testing.
- I was directed to utilize an in network laboratory, but my blood sample was referred to Prometheus without my knowledge.

I've included information about Prometheus and several scientific references validating the performance and value of the PROMETHEUS IBD sgi Diagnostic test.

Please approve full coverage for the PROMETHEUS IBD sgi Diagnostic or at least apply in-network benefit coverage waiving all out of network deductibles for laboratory testing.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks.

Sincerely,

Patient name
Patient address
Patient city, state zip code
Patient phone number

**SAMPLE PATIENT APPEAL LETTER
FOR PROMETHEUS® IBD sgi Diagnostic™**

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

cc: [physician name]

Attachments:

1. PROMETHEUS® IBD sgi Diagnostic™ Product Detail Sheet

For additional information about PROMETHEUS® IBD sgi Diagnostic™ or procedure code descriptions, contact Prometheus Laboratories Inc. at 1-888-892-8391.

SAMPLE