

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

*(Please customize based on your patient's medical history, treatment experience, and/or claims adjudication)*

<DATE>

Medical Director  
Insurance name  
Insurance address  
Insurance city, state zip code

Regarding Patient: Patient name  
Date of Birth : Patient date of birth  
ID Number: XXXXXXXXXXXXXXX  
Date of service: XX/XX/XXXX  
Provider: Physician name, MD  
Claim Number: 111111 (If available)

Dear [Medical Director]:

I am writing to appeal your decision about medical coverage for the PROMETHEUS® IBD sgi Diagnostic™ test for my patient [patient name]. I am [patient name] physician practicing at [facility name] in [city, state]. I respectfully request that you reconsider your decision based on the medical necessity of this test for the diagnostic evaluation of this patient. My patient has a history of [diarrhea, GI bleeding, and nonspecific enteritis].

***(List information relevant to the patient's symptoms, treatment and test results if applicable. Address each reason for denial or unacceptable payment listed on the EOB. Reasons may include:***

- *Laboratory testing considered experimental*
- *Out-of-network deductibles/rates applied*
- *Laboratory services available through a capitated laboratory*
- *Laboratory testing not considered medically necessary*

***Include a copy of the patient's chart notes when applicable.)***

I prefer using Prometheus to perform 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 that can help exclude or confirm Inflammatory Bowel Disease.

Potential scenarios below:

- I directed my patient to utilize an in-network laboratory, but [his/her] blood sample was referred to Prometheus without my knowledge.
- There is not an in-network laboratory nearby willing to refer this test or able to provide comparable testing.

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. Please contact me at XXX-XXX-XXXX if you require any additional medical information concerning patient name.

Sincerely,

Physician name, MD  
Facility name  
Facility address  
Facility city, state zip code  
Facility phone number

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**Attachments:**

1. PROMETHEUS® IBD sgi Diagnostic™ Product Detail Sheet
2. Patient Chart Notes
3. Lab Results
4. Other

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

SAMPLE