@TD@

RE: @NAME@

DOB: @DOB@

Dear Claims Specialist and/or Medical Director,

I am writing this letter on behalf of my patient @NAME@ to request coverage for genetic testing for the following condition: \*\*\*.

Test requested: \*\*\*

CPT code: \*\*\*

Approximate cost: \*\*\*

ICD-10 Codes: \*\*\*(required)

Patient diagnosis: \*\*\*

Information on patient’s Condition:

@FNAME@ is a @AGE@ -old @SEX@ with the following history and clinical findings:

1)

2)

3)

Because of this, I would like to order diagnostic testing for @FNAME@. Doing this test is the only way to confirm if @FNAME@'s findings are due to a genetic abnormality. Knowledge of this patient's genetic information is important for us to more accurately assess @FNAME@'s prognosis and will guide our recommendations for care. Results from this genetic test will have a direct impact on this patient’s treatment and management and will provide prognostic information that will assist in clinical management. (insert here specifically an example of a condition that could be diagnosed and how it will change management \*\*\*).

Thank you for your consideration of this testing for @NAME@. If there are questions, we can be reached at [Phone #].

Sincerely,

@SIG@