IntelligeneCG Cancer Genomics, LLC
17745 Metcalf Ave, Building 2,
Stilwell, KS - 66085
info@intelligene-cg.com
(913) 258 2300
e-Fax: (469) 713-1600

Letter of Medical Necessity

DATE:

INSURANCE COMPANY NAME:

SUBSCRIBER NAME:

POLICY #:

GROUP #:

PATIENT NAME:

PATIENT DOB:

Dear Medical Director,

I am writing this letter on behalf of my patient and your subscriber to request full coverage for genetic testing performed by IntelligeneCG - Cancer Genomics, a CLIA-certified clinical diagnostic laboratory located at 10900 S Clay Blair Blvd, Suite 1400, Olathe, KS 66061.

The patient has the following symptoms, clinical findings, and/or family histories:

REASON FOR TESTING:

American College of Medical Genetics (ACMG) published the following statement in 2012 regarding large-scale genomic sequencing: "The ACMG recognizes that genomic sequencing approaches can be of great value in the clinical evaluation of individuals with suspected germline genetic disorders."

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Knowledge of the patient's genetic information is important for me to more accurately assess his or her condition and will guide my recommendations for care. Results from IntelligeneCG's genetic test will have a direct impact on my patient's treatment and management.

I am specifying the IntelligeneCG genetic test because it is a highly sensitive, cost e efective, and clinically relevant genomic sequencing test with a short turn-around time.

Thank you for your review and consideration. I hope you will support this request for genetic testing coverage for the patient. If you have questions, or if I can be of further assistance, please do not hesitate to contact me.

Sincerely,

PHYSICIAN NAME:

PHONE:

CLIA ID 17D2097343 / IDXZ0EXR506