

(Date)

(Name of Insurance Company)

(Address 1)

(Address 2)

(City, State, Zip)

RE: *(Patient Name)*

(Patient DOB)

(Health Insurance Plan)

(Group #)

(Plan ID#)

To Whom It May Concern:

I am writing this letter on behalf of my patient, *(Patient Name)*, to request coverage for *(Test Requested)* genetic testing offered through the Johns Hopkins DNA Diagnostic Laboratory in Baltimore, MD.

- **Chief Complaint:**
- **Pertinent Medical History:**
- **Family History (if any):**
- **Diagnosis:**

I am specifying that the Johns Hopkins DNA Diagnostic Lab perform this testing because this laboratory has specific expertise in molecular diagnostics and provides direct DNA analysis for *(Testing Requested)*. The Johns Hopkins DNA Diagnostic Lab is the best choice for accurate, reliable testing, which will contribute to cost-effective patient management.

If you have questions or if I can be of further assistance, please do not hesitate to call me at *(Referring Physicians Phone Number)*. I hope you will support this request for genetic testing coverage for *(Test Requested)*.

Sincerely,

(Physician's signature)