

Insert Your Institution or Facility Letterhead Here

Current Date

Name of Insurance Carrier
Address of Insurance Carrier
City, State ZIP

Re: **Patient Name**
Patient DOB
Insurance Company
Insurance ID

Letter of Medical Necessity – Columbia Combined Cancer Panel Molecular Testing

Dear To Whom It May Concern;

I'm writing this letter on behalf of my patient, **Patient Name**_____ to request coverage for the **Columbia Combined Cancer Panel**, a molecular test offered through Columbia University Laboratory of Personalized Genomic Medicine. Please find attached a copy of my medical note, explaining the patient's condition and previous testing performed.

This additional molecular testing of the tumor may help determine targeted treatment for this patient and will guide my recommendations for care.

I am specifying Columbia University Laboratory of Personalized Genomic Medicine because this laboratory has a highly sensitive and cost-effective test that simultaneously detects genetic alterations in 467 genes.

Laboratory Information:

Laboratory of Personalized Genomic Medicine
Columbia University Medical Center
630 W 168th St. PS11-453
New York, NY 10032

Phone: (212) 305-9706

Fax: (212) 342-0420

CLIA: 33D0939927

CPT Codes Requested: 81455, 88381

Thank you for your review and consideration and I hope you will support this request for molecular testing. If you have any questions or require further clarification, please call feel free to call me at **Your Phone Number**.

Sincerely,

Your Name & Signature