**Clinical Gap/Out of Network Exception Request Letter**

To: Insurer
Re: Patient’s Name
DOB: XXXX
Insurance ID#: XXXX

Dear Insurance Authorization Representative:

This letter is to request a gap exception (or out-of-network exception) authorization for the above-named patient for Whole Exome Sequencing (WES). The patient was referred to our office by her physician. It was determined that the patient is a good candidate for WES testing based on his/her medical findings which include XXXX.

Whole Exome Sequencing (WES) is a comprehensive test designed to examine over 20,000 genes with the purpose of identifying changes in a patient's DNA that are causative or related to their medical concerns. WES has the potential to both improve quality of care and reduce overall costs by reducing the need for multiple stepwise molecular studies, decreasing the time needed to initial potential treatments, improving physician ability to recommend targeted, appropriate medical care and avoiding unnecessary costly treatments.

Baylor Genetics leads the field with one of the largest bodies of published studies along with an extensive variant database which is actively maintained to support associations between genes and particular diseases. The experts at Baylor Genetics use the data obtained from WES to provide patients with a highly accurate, data-based interpretation, which has the potential to offer significant positive impacts on patient care.

Baylor Genetics has the ability to work with small and limited specimens while still providing in-depth results. There is not another in-network provider to provide this level of expertise or treatment in our patient’s geographical area. **[Name of patient]** would like to be able to utilize his/her in-network benefits. As there is not an in-network provider for him/her who can provide this medically necessary treatment for her XXX condition, we are requesting a network gap exception authorization for treatment.

Thank you for your prompt attention to this matter.

For additional questions please contact us by phone at 1-800-411-4363, by fax at 713-798-2787 or email at billing@bmgl.com.

Sincerely,

Your Name