

# Genetic Testing Counseling Insurance Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Claims Department],

I am writing to inquire about coverage and benefits related to genetic testing counseling for [Patient's Name]. As we have identified potential hereditary conditions that necessitate genetic testing, it is essential to understand the extent of coverage provided by my insurance plan.

Please provide the following information:

1. What genetic tests are covered under my current insurance policy?
2. Are there specific criteria that need to be met for coverage approval?
3. What are the co-pays, deductibles, and out-of-pocket maximums associated with these services?

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]

[Your Insurance Policy Number]