

Genetic Insights of San Antonio

/Michael P. Vaughn MD

115 Gallery Circle, Ste. 200, San Antonio, Texas 78258

(210) 722-0572 / Fax (210) 404-0926

Letter of **MEDICAL NECESSITY** for Genetic Testing

Date: ____/____/____

Patient Member ID / Account # _____

Patient Name: _____ / DOB: ____/____/____

To Whom It May Concern: HSA / FSA Plan Administrator:

I am writing to formally document the **Medical Necessity** of a clinical-grade **Whole Genome Sequencing (WGS)** for the above-named patient. This diagnostic evaluation is being prescribed as an integral component of the patient's personalized, preventive health care plan under my direct clinical supervision and will provide pharmacogenomic information that will allow for safer medication choices with lower risk for side-effects and reduced adverse drug-to-drug interactions.

Clinical Justification & Intended Medical Purpose:

The patient is currently under my care for comprehensive primary care, longevity management, and chronic disease prevention. Based on the patient's comprehensive health assessment, family medical history, and clinical risk profile, a generic "one-size-fits-all" preventative health protocol has been judged to be insufficiently accurate.

This specific testing is being ordered for the following direct medical purposes:

1) Disease Risk Mitigation and Prevention: Whole Genome Sequencing has been requested to identify specific, high-penetrance inherited genetic variants linked to cardiovascular disease, metabolic syndromes, brain health and predisposition to cancer. This data will directly alter and guide the patient's clinical screening schedule, diagnostic imaging timelines, and targeted prophylactic interventions.

2) Pharmacogenomic Guidance: Whole Genome Sequencing has been requested to map the patient's specific hepatic enzyme pathways (including CYP450 variants) and genetic drug-metabolizing enzyme phenotypes. This objective data will directly impact current and future therapeutic medication selections, eliminate routine dangerous trial-and-error prescribing, and mitigating the patient's risk for severe Adverse Drug Reactions (ADRs).

Duration and Eligibility:

This test is a non-recurrent, diagnostic laboratory analysis. The genetic data obtained will be integrated into the patient's clinical management of active health risks, treat potential future illnesses, and optimize preventive therapy.

This service is prescribed solely for the diagnosis, mitigation, treatment, and prevention of specific disease states, meeting all criteria for a qualified medical expense under **Section 213(d) of the Internal Revenue Code**.

Please approve the use of the patient's pre-tax **HSA / FSA funds** for the purchase and processing of this medical-grade diagnostic test. If you require any further clinical documentation, please do not hesitate to contact my office.

Sincerely,

Physician Signature: _____

Physician Name: Michael P. Vaughn PhD.MD.

Practice Name: Genetic Insights of San Antonio

Clinic Address: 115 Gallery Circle, Ste. 200, San Antonio, TX 78258

Phone Number: (210) 499-0033 / **Fax** (210) 404-0926

National Provider Identifier (NPI): 1881687879

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- Do not send this letter to the IRS with your taxes. Keep this signed copy in your personal health or tax folder alongside your Sequencing.com receipt. You only need to submit it if your FSA administrator explicitly requests "documentation" or if you are audited by the IRS in the future.