

HEALTHGUARD INSURANCE COMPANY
Claims Department
1500 Medical Plaza Drive
Chicago, IL 60601
Phone: 1-800-555-CLAIM

November 14, 2025

Jane Doe
456 Maple Street
Springfield, IL 62704

RE: Claim Denial Notice
Claim ID: C-90342
Policy Number: HG-2024-789456
Date of Service: October 24, 2025

Dear Ms. Doe,

We have completed our review of your recent claim for medical services submitted on behalf of your treating physician, Dr. Michael Chen, Oncology Specialist. After careful evaluation by our medical review team and consultation with our clinical advisory board, we regret to inform you that your claim has been denied.

CLAIM DETAILS:

Provider: Advanced Genomics Laboratory
Procedure Requested: Genomic Sequencing for Early Cancer Detection
Billed Amount: \$8,450.00
Denial Code: CO-50 (This procedure is not covered.)

REASON FOR DENIAL:

We determine that the requested procedure, Genomic Sequencing for Early Cancer Detection, is experimental, unproven, and therefore non-covered under the terms of your policy. Our determination is based on a comprehensive review of current medical literature, clinical guidelines from recognized medical authorities, and the terms of your Group Health Policy.

While we understand that your physician recommended this procedure as a preventive measure given your family history, our medical policy requires that covered services meet established standards of medical necessity and be supported by peer-reviewed evidence demonstrating clinical efficacy. At this time, genomic sequencing for early cancer detection in asymptomatic individuals does not meet these criteria according to the American Medical Association, the National Comprehensive Cancer Network, and other authoritative medical bodies.

This denial is consistent with Section 4: Exclusions and Limitations of your policy document, which specifically addresses coverage restrictions for experimental and investigative procedures.

YOUR RIGHTS:

You have the right to appeal this decision within 180 days of the date of this letter. To initiate an appeal, please submit:

- A written statement explaining why you believe this claim should be covered
- Any additional medical documentation supporting medical necessity
- A letter from your treating physician addressing the clinical rationale

Please send appeal materials to:
HealthGuard Insurance Company
Appeals Department
P.O. Box 9900
Chicago, IL 60680

If you have questions regarding this determination, please contact our Claims

Department at 1-800-555-CLAIM, Monday through Friday, 8:00 AM to 6:00 PM Central Time. Reference your Claim ID: C-90342.

Sincerely,

Robert Martinez
Senior Claims Adjudicator
HealthGuard Insurance Company

Enclosure: Explanation of Benefits (EOB)
CC: Dr. Michael Chen, Advanced Oncology Associates