DATE

RE: (NAME) D.O.B. ID #

Dear Ms/Mr.(CASE MANAGER):

I am writing to request authorization for payment for an augmentative/alternative electronic communication system (AAC) for (NAME). (NAME) has (DIAGNOSIS) and (ALTERNATE DIAGNOSIS – Multiple), both/all of which have severe delays with (his/her) expressive language. (NAME) completed (\_\_) years of schooling in the public school system. (His/Her) inability to communicate affected (his/her) ability to reach (his/her) true potential. (<u>A few individual specific sentences about the current educational and speech support he/she is receiving</u>). Both at school and in private speech therapy (NAME) is using a simple iPad with the (Proloquo2go http://www.proloquo2go.com/) which is an AAC program and is installed by the manufacturer. I understand many public schools also use the same device and program, and is quickly becoming the industry standard. The program is user friendly and (NAME) is doing very well in trials at school and therapy. It is quickly replacing the larger, bulkier communication boards among professionals. Not only will using such a device and program benefit (him/her) speech wise, it will also have wonderful fine motor skill development benefits.

SAMPLE OF SPECIFIC SUPPORTING DETAILS:

(NAME) has good receptive language and is able to follow simple instructions. As (he/she) continues to become more independent it is becoming frustrating for (him/her) to not be able to express himself. This will eventually affect (his/her) social development thus creating a whole new set of concerns. This device is medically necessary in order for (NAME) to be able to indicate (his/her) physical and health status (such as giving details about feelings when ill or in pain), letting others know of (his/her) personal needs and wants, and to request help (especially in emergency situations when (NAME) is at school or with caregivers who may not be familiar with (NAME)'s poor and limited speech).

The iPad with the Proloquo2go program should definitely qualify as medical equipment as it is a speech generating device which is directly related to (NAME)'s diagnosis and current therapy program; replaces the abnormal functioning of a body function (verbal speech); is expected to be used for a long-term and will grow with (him/her); and, it is appropriate to improve (NAME)'s current and future language to assist in activities of daily living both at home and at school. It would certainly be more cost effective and age appropriate than the more complicated Dynavox systems currently available.

Thank you for your assistance in making this device available to (NAME) and his family and helping to improve (his/her) health care and functional abilities and independence. Please call me at (PHONE) if I can provide any additional information.

Sincerely,

NAME, DESIGNATION OFFICE CONTACT INFO