



FUNDING

Your PRC-Salttillo Funding Source

Read Me First – Iowa Medicaid

Iowa Department of Human Services Augmentative Communication Selection Form (470-2145)

This form is required for clients who have coverage with HIP Iowa.

Speech Language AAC Evaluation

Information pertaining to the trial period with the requested device needs to be provided. Please include the length of the trial and the client's success with the requested device.

Additional Notes Pertaining to Managed Care Coverage

Amerigroup

- Amerigroup requires that the client have a face-to-face examination with their physician no more than 6 months prior to the written order for the speech generating device (SGD).
- The physician must document that the client was evaluated and/or treated for a condition that supports the SGD. A copy of the signed office visit notes will need to be included with the application to PRC-Salttillo.
- A 4-week trial is required, and the dates of this trial must be documented in the speech language evaluation report.

PRC-Salttillo
1022 Heyl Road
Wooster, OH 44691

Phone: 800.268.5224
Fax: 330.202.5840
Email: funding@prc-salttillo.com