

***Referral form for families needing a communication device  
for Augmentative and Alternative Communication (AAC)***

**Parent instructions:** *Bring this form to your pediatrician/family physician when requesting a prescription to start the AAC evaluation process. Once your physician provides the prescription, call the insurance company to choose an AAC evaluation agency. The numbers are listed below:*

*Mercy Care AAC at 602-263-3000*

*(Ask for member services)*

*United Healthcare AAC at 602-255-1608*

**Client name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Speech-Language Pathologist's Statement of Medical Necessity:** *(How are communication deficits impacting the client's ability to communicate? Can the client use speech for a variety of purposes in a variety of settings, with a variety of partners? How does their communication disorder limit them? Explain.*

**Dates the client was treated for speech/language disorder:** \_\_\_\_\_ **to** \_\_\_\_\_

**Signed by Treating Speech Language Pathologist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(CF requires supervisor signature with CCC)*

**Treating SLP's Contact Info: (Printed name)** \_\_\_\_\_ **(phone/email)** \_\_\_\_\_

**ASHA Statement of Communication Bill of Rights:** This client is in need of an AAC device. The right to communicate is recognized as a fundamental human right in accordance with the *American Speech-Language Hearing Association's* position in conjunction with the *National Joint Committee for the Communication Needs of Persons with Severe Communication Needs*. For more information, please go to: <https://www.asha.org/njc/>

**Physician Instructions:** *Please ensure your prescription includes the following information:*

**Wording:** Request an "AAC evaluation" and use CPT Code **92607**

Provide client's primary medical diagnosis and CPT Code(s)

Physician Signature:

Physician's NPI #: