



## FUNDING

Your PRC-Salttillo Funding Source

### **Read Me First – Alabama Medicaid**

#### **Alabama Medicaid Agency Referral Form (Form 362)**

- This form must be completed for all clients with Alabama Medicaid for rental, purchase, or repair request.
- An EPSDT is required for clients under the age of 21. This requirement can be met with a separate screening or by the appropriate box being selected on Form 362.

#### **Augmentative Communication Evaluation Team Qualifications**

This form must be signed by each member of the team.

#### **Communication Prosthesis Payment Review Summary**

This form must be signed by the Physician and Speech Language Pathologist.

#### **Prescription from Physician**

Include the Physician's National Provider Identification (NPI) number and list the specific device and accessories being prescribed. The prescription or certificate of medical necessity must be dated within 90 days of the request to Medicaid.

#### **Speech Language Pathologist (SLP) CEU's**

- The SLP completing the AAC Evaluation must include his/her CEU Training Certificate(s).
- A separate Statement of Non-Affiliation form is required and needs to be signed by the SLP and/or the team. Included on the updated version of the Communication Prosthesis Payment Review Summary.
- Evaluation report must be dated within 90 days of request to Medicaid

**PRC-Salttillo**  
1022 Heyl Road  
Wooster, OH 44691

Phone: 800.268.5224  
Fax: 330.202.5840  
Email: [funding@prc-salttillo.com](mailto:funding@prc-salttillo.com)