

## Addendum to AAC Evaluation Report

Client:	Date of Birth:
Medical and Speech-Language Diagnoses:	
ICD Codes:	Date of Addendum:

**BACKGROUND:**

*(IN THIS SECTION, EXPLAIN THAT YOU RECENTLY SUBMITTED A REQUEST FOR PURCHASE OF -NAME OF DEVICE- FOR -NAME OF CLIENT-. YOU MAY WISH TO MAKE REFERENCE TO THE REPORT DATE – THEY WILL HAVE IT IN THEIR FILES.)*

**REQUEST FOR ADDITIONAL INFORMATION:**

*(IN THIS SECTION, SUMMARIZE THE DEFERRAL REASON AND PROVIDE THE INFORMATION THEY'RE REQUESTING.)*

**RECOMMENDATION:**

*(IN THIS SECTION, YOU ARE GOING TO REITERATE YOUR RECOMMENDATION FOR PURCHASE.)*

As explained in the AAC Evaluation Report, the (DEVICE NAME) has been found to be the most cost-effective SGD to meet (CLIENT's) medical communication needs. It is recommended that the following items be purchased for (CLIENT) which are needed for the proper and most functional use, positioning, and care of the SGD:

- E2510 (DEVICE NAME)
- E2599 (ACCESSORY - SPECIFY THE ACCESSORY, IF ANY)
- E2599 (ACCESSORY - SPECIFY THE ACCESSORY, IF ANY)
- E2512 (MOUNT - SPECIFY THE MOUNT, IF ANY)

**PHYSICIAN INVOLVEMENT STATEMENT:**

This addendum was forwarded to the treating physician, (PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER), on (DATE). The physician has completed a Certificate of Medical Necessity for the recommended equipment.

**STATEMENT OF INDEPENDENCE AND SPEECH-LANGUAGE PATHOLOGIST'S SIGNATURE:**

The Speech-Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

(YOUR NAME), M.A., CCC-SLP  
Speech-Language Pathologist  
ASHA Certificate Number: (TYPE THE NUMBER HERE)

\_\_\_\_\_  
Speech-Language Pathologist's Signature

\_\_\_\_\_  
Date