

Client		Device Requested	
SLP		Purchase or Rental?	
Date fax/mail/upload		Length of Rental	

✓ <small>(all that apply)</small>	Funding Source	Carrier <small>Indicate specific insurance company (e.g., - TriCare, BCBS, Aetna)</small>	Complete/Submit Sections:
	Private Insurance	<i>UHC requires 3 month trial authorization from PRC</i>	A
	Medicaid State: ___	<i>PeachState requires a 4 week trial, Amerigroup requires 3 month trial</i>	A and B
	Medicare		A and C

Create an account at www.aacfunding.com with your GA license/ASHA #. Login to the AAC Funding Toolkit to access the forms for rental, purchase, or repair. Using the Toolkit ensures that you are using updated versions of the required forms. You can digitally sign and electronically submit your SGD Evaluation and upload all of the necessary documents using the Toolkit.

**Make sure device and accessories are all listed on the AAC Evaluation with medical justification, Certificate of Medical Necessity, and Device Selection Sheet. **

Section A: Required by all Georgia Funding Sources www.aacfunding.com for forms		
	Speech-Language AAC Evaluation <small>Write your own, use template, or use www.aacfunding.com</small>	Must be signed by an SLP with GA License/ASHA CEUs. Must be specific and list all recommended equipment
	Equipment Selection Sheets	Separate forms for device, mounts, and switches
	Assignment of Benefits (AOB) and Client Information Sheet	Last page must be signed by policyholder. All boxes must be complete
	Front/Back Copies of Insurance/Medicaid/Medicare Cards	
	Signed 123 Program Contract (Rental ONLY)	Rental Only. Must list the parent SSN. Credit card info must be provided for all NuEye rentals
	Certificate of Medical Necessity Signed by Physician	Rx for Medicare or Private insurance only! Must include CPT codes. If multiple funding source, both CMN's are required
Section B: Required by all Georgia Medicaid www.aacfunding.com for forms		
	Face to Face Encounter Certification-Must have occurred within 6 months	Completed but does not have to be signed by physician. All boxes must be complete(see example)
	Certificate of Medical Necessity GA Medicaid Letterhead	See example before completing. Please prefill out as much as you can before sending to physician.
	Copy of IEP if individual is in school	
Section C: Required by all Medicare www.aacfunding.com for forms		
	Progress notes from Face to Face visit with physician. CMN needs to be signed within 6 months of Face to Face visit. Physician must sign this document.	<ul style="list-style-type: none"> Schedule appt with physician (must happen prior to the physician's written orders for the CMN); Discuss and document need for SGD; Request copies of progress notes from this visit; submit with packet
	Medicare Advance Beneficiary Notice (ABN) – if needed	PRC will send this form to be signed by the beneficiary if needed

Need assistance with the funding process?

PRC Funding Department	funding@prentrom.com (800) 268-5224
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Ready to Submit Your Packet?

Fax Upload Mail	(330) 202-5840 https://aacfunding.com/submit_documents 1022 Heyl Rd Wooster Oh, 44691
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