

Read Me First – Iowa Medicaid

<u>Iowa Department of Human Services Augmentative Communication Selection Form (470-2145)</u>

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.

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RMIA 02/17/18 adn

A partnership between PRC and Saltillo to process funding requests for Medicaid, Medicare and Private Insurance