



Your PRC-Salttillo Funding Source

## **Read Me First – Iowa Medicaid**

### **Iowa Department of Human Services Augmentative Communication Selection Form (470-2145)**

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.

#### **Additional Notes Pertaining to MCO Coverage**

Amerigroup

- This funding sources requires office visit notes documenting the necessity for a speech generating device from the face-to-face visit with the client's physician
- A 4-week trial is required and the dates of this trial must be documented in the speech language evaluation report

**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)