



Your PRC-Salttillo Funding Source

Read Me First – Kentucky Medicaid

Certificate of Medical Necessity (MAP-1000)

- This form is required for clients with Kentucky Medicaid and must be completed by the Physician.
- The date field right underneath section A must be completed and match the date signed at the bottom of the form.
- Date last seen on form must be within 60 days of prescription date.
- For repairs, list the specific device to be repaired. Please note, must be signed by a MD or DO.

Speech Language AAC Evaluation

- A 4 to 6-week trial of the equipment being recommended is required prior to purchase and must be documented in the evaluation.
- An OT/PT report is not required but strongly recommended by Medicaid when additional equipment is recommended such as a wheelchair mount or an eye gaze system.

PRC-Salttillo
1022 Heyl Road
Wooster, OH 44691

Phone: 800.268.5224
Fax: 330.202.5840
Email: funding@prc-salttillo.com