

## 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.)*

**REASON FOR THIS ADDENDUM:**

*(IN THIS SECTION, EXPLAIN THE DETAILS OF WHAT HAPPENED TO THE DEVICE: THE DATE OF THE INCIDENT, WHERE IT HAPPENED, AND WHAT THE FAMILY DID TO TRY TO FIND/RECOVER THE DEVICE. STATE WHEN A POLICE REPORT WAS FILED, INCLUDING DATE AND CASE #, AND ATTACH IT TO THE ADDENDUM FOR REFERENCE. THEN, IN DETAIL, EXPLAIN HOW NOT HAVING A DEVICE IS AFFECTING THE CLIENT AT HOME, SCHOOL, THERAPY, DOCTOR'S OFFICE, ETC. ALSO, CLEARLY STATE WHETHER OR NOT THE DEVICE IS COVERED UNDER A HOMEOWNER'S INSURANCE POLICY. BE SURE TO INCLUDE WHAT STEPS WILL BE TAKEN IN THE FUTURE TO PREVENT THIS FROM HAPPENING AGAIN.)*

**RECOMMENDATION:**

*(IN THIS SECTION, YOU ARE GOING TO RECOMMEND PURCHASE OF A NEW DEVICE TO REPLACE THE LOST/STOLEN ONE.)*

As explained in the AAC Evaluation Report, the (DEVICE NAME) was found to be the most cost-effective SGD to meet (CLIENT's) medical communication needs. Due to the device being (lost or stolen) and the continued medical need, it is recommended that the following item(s) be purchased again for (CLIENT):

- 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)

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Speech-Language Pathologist's Signature

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Date