

COMMUNICATION PROSTHESIS PAYMENT REVIEW SUMMARY

<p>1. PATIENT INFORMATION</p> <p>Name:</p> <p>Street:</p> <p>City: State: Zip:</p> <p>Birthdate:</p> <p>Health Ins #:</p> <p>Medical Diagnosis:</p> <p>Speech Diagnosis:</p>	<p>5. COGNITIVE PREREQUISITES</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right; padding-right: 10px;">Yes</td> <td style="text-align: right; padding-right: 10px;">No</td> </tr> <tr> <td>a. Attempts to communicate with consistent response mode</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>b. Functional Yes/No</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>c. Understands communication will cause an action to occur:</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>d. Understands symbols (pics, signs, etc.) stand for verbal communication:</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>e. Prognosis to develop intelligible speech:</td> <td></td> <td></td> </tr> <tr> <td>f. Demonstrates memory of verbal instruction:</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>g. Standardized test scores (if applicable):</td> <td></td> <td></td> </tr> </table>		Yes	No	a. Attempts to communicate with consistent response mode	<input type="checkbox"/>	<input type="checkbox"/>	b. Functional Yes/No	<input type="checkbox"/>	<input type="checkbox"/>	c. Understands communication will cause an action to occur:	<input type="checkbox"/>	<input type="checkbox"/>	d. Understands symbols (pics, signs, etc.) stand for verbal communication:	<input type="checkbox"/>	<input type="checkbox"/>	e. Prognosis to develop intelligible speech:			f. Demonstrates memory of verbal instruction:	<input type="checkbox"/>	<input type="checkbox"/>	g. Standardized test scores (if applicable):																										
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<p>2. FACILITY INFORMATION</p> <p>Facility:</p> <p>Address:</p> <p>City:</p> <p>State: Zip:</p> <p>Telephone:</p> <p>Physician:</p> <p>Specialty:</p> <p>Speech-Language Pathologist:</p>	<p>6. SELECTION OF DEVICE</p> <p>a. Patient's current means of communication:</p> <p>b. Other ACDs considered and rationale for elimination:</p> <p>c. Rationale for selection of specific ACD:</p> <p>d. Indicators for success with recommended ACD:</p>																																																
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We hereby certify that we do not have a financial relationship or other affiliation with a vendor, manufacturer or manufacturer's representative of augmentative communication devices (ACDs) and their accessories.

Physician Signature

Date

Speech-Language Pathologist Signature Date