



FUNDING

Your PRC-Salttillo Funding Source

**Read Me First – Delaware Medicaid**

**Medicaid Certificate of Medical Necessity (CMN)**

- This form is required for clients with Delaware Medicaid. It must be completed by the Physician and include the physician's 10-digit Medicaid provider number.
- Please note, a separate prescription is needed in addition to the CMN.
- A Face to Face appointment must be related to the primary reason the beneficiary requires the speech device & must occur no more than 6 months prior to the start of services. If an NP or PA signs, they will need to indicate their supervising physician. Office visit notes must note the practitioner who conducted the face to face and the date.

For repairs, please list the specific device to be repaired.

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