



FUNDING

Your PRC-Salttillo Funding Source

## **Read Me First – Maryland Medicaid**

### **Preauthorization Request for Durable Medical Equipment (DHMH-4527)**

- This form is required for clients who have Maryland Medicaid and must be signed by the Physician.
- The physician's notes from an office visit with the client documenting a speech device must be included with this document and signed by the physician.
- The date of the physician's notes and the "Last Seen Date" on this form must match. It must also be within 6 months.
- Please note, the physician must also supply a separate Certificate of Medical Necessity or prescription along with this form.

### **Evaluation Requirements**

The speech/language evaluation needs to be on letterhead. Please note, all forms must contain the specific device and accessories that are being recommended.

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