6) Department of Vermont Health Access:
Speech Generating and Alternative/Augmentative Communication Device:
PRESCRIPTION for E2510-12 (Not for use with iPad/iPod devices)

November 2016

Beneficiary Name: _____

Medicaid #: _____

ICD-10 Diagnosis Code: _____

AAC Device	Type	Specifications	Medical Necessity Rationale	Procedure Code
Device:				
Components	**Specific Name**	**Vendor**	**Medical Necessity Rationale**	**Procedure Code**
app name				
protective case				
stand				
speakers				
switch				
switch				
key guard				
mounting arm				
stylus				
other				
other				
other				

I acknowledge that this device is medically necessary and is provided for use as a speech generating device for this beneficiary. The purpose of the device provided is for communication that originates from the beneficiary and not from a facilitator or support person, and the device must be used as determined by the prescribing speech language pathologist to ensure the safety and maximum benefit of the beneficiary. All parties signed below deem this prescription accurate and medically appropriate:

Title	Required Information	
Beneficiary or legal guardian	Printed Name: _____	
	Contact Information:	_____
	Signature:	_____
	Date:	_____
Primary care physician	Printed Name:	_____
	Contact Information:	_____
	Signature:	_____
	Date:	_____
Speech Language Pathologist	Printed Name:	_____
	Contact Information:	_____
	Signature:	_____
	Professional Designation (SLP-CCC):	_____
	Date:	_____