

## Letter of Medical Necessity

Date:

Clients Name:

DOB:

I am currently **Clients name** treating physician. Patient suffers from **Medical and Speech diagnosis** resulting in **his/her** inability to speak/communicate basic and functional needs.

I have last seen patient on

**Patient name** needs an augmentative communication device (ACD) in order to express **his/her** medical and personal needs and communicate with family, medical personnel and caregivers.

I have read the speech evaluation report written by his speech therapist **SLPS NAME**, M.S., CCC-SLP, and I agree that patient will be able to communicate basic and functional needs only with the use of an ACD.

Therefore, I recommend purchase of the Tobii list **out all equipment being requested** for patient's use at home, **school, therapy** and community. Please note that writing, sign language, low tech and other high tech devices have been ruled out and the **device name** is the least costly device meeting patient's needs.

Please feel free to contact me if you have further questions about this request.

Regards,

**Doctors name/ signature**