

USE LETTERHEAD

(Sample Use Only For Educational Purpose)

REQUEST TO USE NON-PARTICIPATING PROVIDER

Client Name: \_\_\_\_\_ (*client*)

DOB: \_\_\_\_\_

RE: Request for Dedicated ACCI Choice Pro

The communication device that was deemed necessary for *client* as a result of a communication device trial is the Dedicated ACCI Communicator with Proloquo2Go Bilingual edition. This device is not available through (name of company) or (name of company). Augmentative Communication Consultants, Inc. (ACCI) is the only provider that can distribute this device for *client*. Please refer to the report dated \_\_\_\_\_ for more specific information and a description of *client's* current cognitive function and needs for a device to aid *client's* functional communication skills. Thank you for your consideration.

Sincerely,

\_\_\_\_\_  
SLP Signature

\_\_\_\_\_  
Date

Speech Language Pathologist and Assistive Technology Consultant

Phone No. \_\_\_\_\_

E-mail \_\_\_\_\_

ASHA No. \_\_\_\_\_ PA State License No. \_\_\_\_\_