

USE LETTERHEAD

(Sample Use Only For Educational Purpose)

SAMPLE FORMAT FOR DENIAL OF SOLE MANUFACTURER OF DEDICATED ACCI CHOICE

NAME OF INSURANCE COMPANY _____ Date _____

ADDRESS _____

CITY STATE ZIP _____

NAME OF CLIENT _____ (*client*)

ID NUMBER OF CLIENT _____

DOB _____

To Whom It May Concern:

It is my understanding from your letter dated (DATE OF INSURANCE DENIAL LETTER) that you have denied the request for a speech generating device (SGD), specifically the Dedicated ACCI Choice Communicator, because the sole manufacturer of this SGD is not in your network and because you have determined that this device is not medically necessary. Please accept this letter as an appeal to that decision. The Dedicated ACCI Choice Communicator is not only necessary, it is the most appropriate treatment of *client's* communication disability. The decision to request this SGD followed an evaluation and trials with several augmentative communication systems by a licensed speech/language pathologist and assistive technology consultants. The evaluation report was shared with *client's* physician, who agreed that the SGD is required to treat the *client's* medical condition. As stated in the AAC Evaluation Summary dated (DATE OF EVALUATION), *client is a (AGE OF CLIENT)* -year-old client who has multiple disabilities, including moderate cognitive impairment, severe speech impairment, seizure disorder, and autism.

Client's receptive language skills are much higher than *client's* expressive abilities. *Client* understands verbal directions and information related to daily routines at home and in the classroom, but cannot use speech to communicate during activities of daily living.

NAME OF SLP

DATE

Speech Language Pathologist and Assistive Technology Consultant

Phone No. _____

E-mail _____

ASHA No. _____

PA State License No. _____