

**USE LETTER HEAD**  
(Sample Use Only for Educational Purpose)

**SAMPLE FORMAT FOR OUT OF NETWORK PROVIDER**

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Client's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

RE: Request for Dedicated ACCI Choice Communicator with Speak for Yourself!

Please accept this letter as (use client's name) appeal to (*insurance company name*) for the decision to deny coverage for the Dedicated ACCI Choice Communicator (Speech Generating Device). It is my understanding, based on your letter of denial dated \_\_\_\_\_, that this speech generating device has been denied because: "it is not medically necessary for the request to be provided by a provider not in our network ... because there are providers in our network that can supply this requested item."

During the evaluation process, other devices were ruled out as they did not offer the features needed by (*client*) for effective communication. Clinical impression is that the Dedicated ACCI Choice Communicator with Speak for Yourself communication program offers access to a greater vocabulary and increased access to generate novel sentences as compared to other systems. (*Client's name*) is motivated to use the Dedicated ACCI Choice Communicator with the Speak for Yourself communication program. He is able to independently meet his daily communication needs and medical needs to express pain, request help, indicate when he/she is not feeling well, and request food when hungry and drink when thirsty. The motor planning system, unique to the Dedicated ACCI Choice Communicator with Speak for Yourself, supports rapid novel utterance generation and user-friendly settings that can grow with the user.

(*Client's name*) had an opportunity to utilize systems from both participating providers, (name of company) and (name of company), during the assessment process. He was unsuccessful with both devices for identifying vocabulary and functional sentence formulation as compared to the Dedicated ACCI Choice Communicator with Speak for Yourself communication program. He/she required increased cuing and demonstrated limited carryover of skills using the Snap + Core First from (name of company) and LAMP Words for Life by (name of company) compared to carryover with the Dedicated ACCI Choice Communicator with Speak for Yourself communication program.

Based on this information, we are asking that you reconsider your previous decision and allow an exception for out-of-network coverage for the Dedicated ACCI Choice Communicator with Speak for Yourself communication program for (*client's name*). We look forward to hearing from you in the near future.

Sincerely,

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

Date \_\_\_\_\_

ASHA # \_\_\_\_\_  
PA License \_\_\_\_\_

Phone Number \_\_\_\_\_