

USE LETTERHEAD

“SAMPLE FORMAT FOR DENIAL”

NAME OF INSURANCE COMPANY

ADDRESS

CITY, STATE ZIP

NAME OF CLIENT

ID NUMBER OF CLIENT

DOB

To Whom It May Concern:

Please accept this letter as (NAME OF CLIENT’S) appeal to (INSURANCE COMPANY NAME) for the decision to deny coverage for the ACCI Choice Communicator Pro Dedicated speech generating device. It is my understanding, based on your letter of denial dated DATE OF SECOND APPEAL, that this speech generating device has been denied because: “The provider requesting it is not part of your child’s health plan. The request for a speech aid from a non-plan provider is not medically necessary.”

During the evaluation process, other devices were ruled out as they did not offer the features needed by (NAME OF CLIENT) for effective communication. Clinical impression is that the ACCI Choice Communicator Pro Dedicated with the Proloquo2Go communicator program offers (NAME OF CLIENT) increased access to novel sentence building and appropriate vocabulary than other systems. (NAME OF CLIENT) is motivated to use the ACCI Choice Communicator Pro Dedicated with the Proloquo2Go communication program. She is able to independently meet her daily communication needs and medical needs-to express pain, request help, indicate when she is not feeling well, and request food when hungry and drink when thirsty. The Cresendo vocabulary system, unique to the ACCI Choice Communicator Pro Dedicated with the Proloquo2Go communication program, supports multiple grid sizes and three levels of language skills; a solution that can grow with the user. She had an opportunity to utilize the (NAME OF DEVICE) during this assessment process. She was not successful in navigating to pages, identifying vocabulary and using simple grammar rules compared to the ACCI Choice Communicator Pro Dedicated with the Proloquo2Go communication program. She required increased cuing, and demonstrated limited carryover of skills using the (NAME OF DEVICE) compared to carryover with the ACCI Choice Communicator pro Dedicated with the Proloquo2Go communication program. ACCI is the sole manufacturer of the Choice Communicator Pro Dedicated with the Proloquo2Go 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 ACCI Choice Communicator Pro Dedicated with the Proloquo2Go communication program for (NAME OF CLIENT) . We look forward to hearing from you in the near future.

Sincerely,

SLP Name

Phone Number:

ASHA License:

State License Number: