

(DATE)

(INSURANCE NAME)

(INSURANCE ADDRESS)

(INSURANCE CITY, STATE ZIP)

RE: (FULL NAME OF CLIENT)

DOB: (DATE OF BIRTH)

To whom it may concern:

I recently submitted a request for purchase of the (DEVICE NAME) for my client, (CLIENT's NAME), who has a medical diagnosis of (DIAGNOSIS) and a speech-language diagnosis of (DIAGNOSIS). These diagnoses have left (HIM/HER) functionally nonverbal and unable to adequately express (HIS/HER) medical needs in an effective way without the use of Augmentative-Alternative Communication (AAC).

I received notice that the prior authorization for a 12-week rental of E2510 (DEVICE NAME) was denied due to the following explanation:

*(*INSERT THE WORDING TO MATCH WHAT WAS SAID IN YOUR DENIAL DOCUMENT)*

I am appealing this decision based on the following information:

- Communication is a fundamental human right. As evidenced in the AAC Evaluation Report, (CLIENT) is not able to meet his communication or medical needs without a speech-generating device. It is my responsibility as a speech-language pathologist to provide a comprehensive AAC evaluation to determine the most cost-effective option that will meet (CLIENT's) medical needs. I have completed that task, obtained the physician's approval, and am ready to request purchase of the (DEVICE NAME) for (CLIENT). Unfortunately, (NAME OF FUNDING SOURCE) requires that a 12-week rental be completed with the (DEVICE NAME) before I can proceed with a purchase request, even though I have already gathered substantial evidence to support my recommendation for this device outlined in the AAC Evaluation Report. I am appealing the denial for prior authorization of a 12-week rental because the only way I can request purchase of the (DEVICE NAME) for (CLIENT) is to complete (NAME OF FUNDING SOURCE's) required 12-week rental.

Thank you for your time.

Sincerely,

(YOUR NAME AND CREDENTIALS)

(TITLE)

(EMPLOYER NAME)

(EMPLOYER ADDRESS)

(EMPLOYER CITY, STATE, ZIP)

(PHONE)

(FAX)

(EMAIL)