



# Indiana Funding Packet Cover Sheet and Checklist

For **RENTALS** only:  
1-2-3 FRP Eligible?  
 YES    NO  
\*If you don't know what 1-2-3 FRP is, please discuss with Beth Browning before marking a box!

Client:		Device Requested:	
SLP:		Purchase or Rental?	
Date of fax/mail:		Length of rental:	

✓ (all that apply)	Funding Source	Carrier (Indicate specific insurance company or managed care type if known.)	Complete Sections:
	Private Insurance		A and B
	Indiana Medicaid	If Anthem MCO, a 3-month rental is required before you can request purchase!	A and C
	Medicare		A and D

**All documentation should match!** If you request purchase of an item in one document, it should be included in all documents!  
Each item should be medically justified in your AAC Evaluation Report! If your documentation doesn't match, you will be required to redo it!

SECTION A: Required by all Indiana funding sources		
Speech-Language AAC Evaluation		Must be <b>signed by an SLP with his/her CCC's from ASHA</b> . If Medicaid, you must include dates showing that a 4-week trial with the device was completed. If Anthem MCO, a 3-month rental is required!
Equipment Selection Sheets		Separate forms needed for device, mounts, and switches.
Assignment of Benefits (AOB) and Client Information Sheet		Last page must be <b>signed by the policyholder</b> .
Front/Back Copies of Insurance/Medicaid/Medicare Cards		These must be legible!
*Signed 123 Program Contract (if requesting rental)		*Only required if requesting a rental. <b>Signed by the policyholder</b> . If Anthem MCO, a 3-month rental is required!
SECTION B: Required by Insurance in Indiana		
Certificate of Medical Necessity (CMN) for Insurance		Serves as the Rx if also submitting to Indiana Medicaid. <b>Include the rec. vocabulary (i.e. Unity, Essence, WordPower, UNIDAD)</b> . <b>Signed by the physician</b> .
SECTION C: Required by Indiana Medicaid		
Augmentative Communication System Selection		Section A completed/ <b>signed by physician</b> . Section B completed/ <b>signed by physician and SLP</b> (there is only one signature line for physician but SLP must also sign section B).
Medicaid Prior Authorization (PA)		Ask Beth Browning for cheat sheet to help with completing this form. <b>Signed by the physician</b> .
*Prescription (Rx) from Physician (if applicable)		*If your packet already includes a CMN (for insurance or Medicare), you do not need a separate Rx – the CMN will serve as the Rx. <b>Include the rec. vocabulary (i.e. Unity, Essence, WordPower, UNIDAD)</b> . <b>Signed by the physician</b> .
Statement of Agreement signed by OT/PT		Ask Beth Browning for a sample statement to be <b>signed by OT and PT</b> with license numbers included.
SECTION D: Required by Medicare		
Certificate of Medical Necessity (CMN)		Ask Beth Browning for cheat sheet to help with completing this form. <b>Include the rec. vocabulary (i.e. Unity, Essence, WordPower, UNIDAD)</b> . <b>Signed by the physician</b> .
*Local Coverage Determination (LCD) – if requested		*The physician may be asked to provide documentation from the patient's medical records that reflects the need for an SGD.
*Medicare Advance Beneficiary Notice (ABN) – if needed		*If needed, PRC will send this form to be <b>signed by the beneficiary</b> .
Signature Log		<b>Signed by the physician</b> .

**Disclaimer: Forms can change on a regular basis! Please check <https://www.aacfunding.com/> for the most up-to-date forms.**

### Need assistance with the funding process?

★ Beth Browning, Regional Consultant	<a href="mailto:beth.browning@prentrom.com">beth.browning@prentrom.com</a> (317) 364-0216
★ PRC's Funding Department	<a href="mailto:funding@prentrom.com">funding@prentrom.com</a> (800) 268-5224

### Ready to submit your packet?

★ Mail to:	PRC Funding Department 1022 Heyl Road Wooster, OH 44691
★ Fax:	(330) 202-5840
★ Upload:	<a href="https://www.aacfunding.com/submit_documents">https://www.aacfunding.com/submit_documents</a>