



**ArSHA Referral Form for an Augmentative and Alternative Communication Evaluation**

**Parent instructions:** Bring this form to your pediatrician/family physician when requesting a prescription to start the AAC evaluation process. **Once your physician provides the prescription, fax to the selected AAC evaluation agency. (See ArSHA.org AAC Resources tab).**

**Instrucciones para los padres:** Lleve este formulario a su pediatra / médico de familia cuando solicite una receta para comenzar el proceso de evaluación de AAC. **Una vez que su médico le proporcione la receta, llame la agencia de evaluación de AAC.**

**SLP instructions to Physician:** An AAC evaluation (CPT Code **92607**) is requested for this patient.

Please send prescription and form to AAC Agency

Agency Name \_\_\_\_\_

Agency Contact Number \_\_\_\_\_

<b>Client name/ nombre de cliente:</b>	
<b>Date of Birth/ fecha de Nacimiento:</b>	
<b>Client Medical Diagnosis:</b> <i>(diagnóstico medico primario)</i>  <b>(choose one)</b>	Autism Apraxia Cerebral Palsy Down Syndrome Epilepsy/seizure disorder Genetic Disorder/Chromosomal Deletion Rett Syndrome Traumatic Brain Injury Other:
<b>Primary Speech/Language diagnosis:</b> <i>(diagnóstico medico de habla /lenguaje)</i>  <b>(Choose only one)</b>	Severe expressive/receptive language disorder Severe expressive language disorder Dysarthria Apraxia/Childhood Apraxia of Speech Other Speech Disturbance
<b>Name and Credentials of treating Speech Language Pathologist (print):</b>	
<b>SLP Signature:</b>	
<b>SLP contact info: (phone, email)</b>	

Member Services for both managed care organizations are listed below:

MercyCare 602-263-3000 or toll-free 1-800-624-3879 (TTY/TDD 711). <https://www.mercycareaz.org/members/ddd-formembers/aac> United Healthcare: 800-348-4058 <https://www.uhccommunityplan.com/content/dam/uhccp/plandocuments/providerdirectory/AZ-AAC-Provider-List.pdf>