

603 Wexford Drive, Lafayette, IN 47905 | speechvive.com RETURN BY FAX TO (888) 375-0987

Patient's Name: Patient's DOB:					
Patient's Best Phone Number:			Patient's DOB:Patient's Email for Confirmation:		
Medicare #: Secondary Insurance Plan Name & Number:					
Secondary Insurance Plan Name & Number:					
Equipment prescribed Speechvive Device HC		K1009 – Speech	volume modulation system,	any type, including all components and	
accessories.					
The SpeechVive device is a piece of durable medical equipment (DME) that addresses the symptoms associated with dysarthria for patients having trouble with speech volume and clarity due to Parkinson's disease.					
Length of need − ☐ 99 (Lifetime unless advised) ☐ Other Quantity prescribed − 1					
Medical Diagnosis (se	lect all that	apply):			
☐ G20 Parkinson's disease ☐ Other (please include ICD-10 code)					
Communication Diagnosis (select all that apply)					
□ R47.1 □ R	47.81	□ R49.0	□ R49.8	□ Other	
Dysarthria Slur	red speech	Dysphonia	Other voice & resonance disorders	(Include ICD-10 code)	
Please circle if known or SpeechVive will contact patient: Right Ear or Left Ear					
REQUIRED					
Other available interventions for hypophonia such as LSVT Loud, Speak Out, speech therapy, or a personal amplifier are not appropriate at this time due to: (Check all appropriate)					
☐ Significant patient and caregiver burden required to attend intensive speech therapy sessions					
☐ Speech therapy has been ineffective in the past					
□ Other:					
□ Medicare requires chart notes documenting communication					
disorder and need for the SpeechVive device.					
☐ I can attest that this patient presents with the communication diagnosis(es) outlined above and the SpeechVive device is medically necessary and prescribed to compensate for the patient's communication disorder and provide them with an effective and efficient means to verbal communication.					
Prescribing Physician Information:					
Physician's printed nan	ne:		NPI:		
Phone:	Fax: _		Address:		
Physician's signature:			Date:		

Return by Fax to (888) 375-0987

Medicare claims processed by Medequip