

Applying for a communication aid from your health insurance company

User name:	
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As a guide, we have summarised the consultation results and the individual steps of the application process here:

Device:	
Vocabulary/App:	
Miscellaneous:	

Here's what happens next:

You are issued a prescription (not an electronic prescription) **that states:**

Please note: Prescriptions are only valid for 28 days. Aids are not budgeted for.

You obtain a statement from the school or following therapy sessions.

A teacher or therapist writes a short statement explaining why the person requires the communication device recommended during the consultation. If necessary, we will be happy to help with the wording.

You send the prescription and the statement to our headquarters in Kassel:

Prentke Romich GmbH
Karthäuserstraße 3
34117 Kassel

We prepare a cost estimate and send everything to the health insurance company.

We send the cost estimate, along with the prescription and the statement, electronically, directly to the health insurance company.

The health insurance company reviews the application.

If the health insurance company requires further information, it will contact you and/or us. If you have any questions, we will be happy to provide further assistance: Email: beantragung@prentke-romich.de, Telephone: 0561 78 559-18

The health insurance company will inform you and us of the decision.

The health insurance company will contact you and us regardless of whether the costs are covered or the claim is rejected. If necessary, please inform the school or the involved therapist.

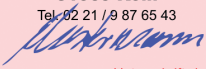
• Assumption of costs and delivery

If your health insurance company has approved the device, we will contact you immediately to discuss delivery and, if necessary, to arrange an appointment for an initial briefing.

• In the event that your application is rejected, an objection can be lodged.

If the health insurance company rejects your application, you can appeal this decision within four weeks. We would be happy to assist you with this.

Example prescription:

<input checked="" type="checkbox"/> Geb.-mfr. <input type="checkbox"/> Geb.-pfl. <input type="checkbox"/> noctu. <input type="checkbox"/> Sonstige <input type="checkbox"/> Unfall <input type="checkbox"/> Arbeitsunfall	Krankenkasse bzw. Kostenträger		BVG <input type="checkbox"/> Hilfs- <input checked="" type="checkbox"/> Impf- <input type="checkbox"/> Spr.-St. <input type="checkbox"/> Begr.- <input type="checkbox"/> mittel stoff Bedarf Pflicht		Apotheken-Nummer / IK
	AOK Rheinland-Pfalz		6		8 9
	Name, Vorname des Versicherten		Zuzahlung		Gesamt-Brutto
	Mustermann Erika Heidestraße 17 51147 Köln		geb. am		12.08.1964
	Kassen-Nr.		Versicherten-Nr.	Status	
106415300		A123456789	1000 1		
Betriebsstätten-Nr.		Arzt-Nr.	Datum		
271111100		654321161	10.07.2012		
Rp. (Bitte Leerräume durchstreichen)					
<input checked="" type="checkbox"/> aut. idem Communication device "XY" with accessories		27/1111100 Dr. med. Markus Mustermann Dr. rer. nat. Erik Mustermann Dorfheidestraße 1 51069 Köln Tel. 02 21 / 0 87 65 43  Unterschrift des Arztes Muster 16 (7.2008)			
<input type="checkbox"/> aut. idem ICD code or (Diagnosis "XY")					
<input type="checkbox"/> aut. idem *****					
Bei Arbeitsunfall auszufüllen! Unfalltag		Abgabedatum in der Apotheke		2711111004	

Instructions regarding the writing of the statement:

The statement can be brief. It should specify the following:

- Who wrote the statement,
- Who the affected person is (name, age, diagnosis),
- What communicative needs, skills and, if applicable, previous experience in the area of communication support the person has,
- That a consultation took place in which various aids were presented/tested,
- What improvements/progress can be expected as a result of the provision of the recommended communication aid, such as the satisfaction of basic needs, the expansion of individual scope for action, possibilities for active participation in everyday situations, support for personal development, increased capacity for self-empowerment and independence.

Print the statement on school/practice letterhead and sign it by hand.