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Funding Packet

Email: funding@tobiidynavox.com

Fax: 1-866-336-2737

Funding Packet Checklist

This package has been designed to guide you through the funding process. We recommend that one person be designated as the primary person to gather and submit documents to help your funding process go smoothly. This can be a Speech Pathologist, a family member or caregiver. Missing information may result in processing delays.

If there is any change in insurance coverage prior to receipt of the equipment, please notify the funding department as soon as possible.

Required Funding Packet Forms (included in packet and listed below) MUST BE completed and sent to the Tobii Dynavox Customer Fulfillment Team:

- ☐ **Client Information Form (CIF)** (complete all three pages)
- ☐ **Equipment Quote** (provided by local representative)
- ☐ Signed and Initialed **Release-Assignment of Benefits Payment Agreement Form**
- ☐ Physician's Prescription listing the recommended equipment, diagnosis and date (Physician's personal prescription/order can be used in lieu of this form). (Not required for trial)
- ☐ Completed and signed Trial Agreement (if applicable; not required for purchase)

Required Documents (not provided in packet) MUST BE included and sent with completed Funding Packet forms listed above

- ☐ Clear, legible copies of Insurance, Medicaid or Medicare cards (front and back)
- ☐ Augmentative Communication Evaluation by Speech Pathologist following Medicare or Medicaid protocol (if applicable)
- ☐ State Medicaid forms (if applicable) **www.tobiidynavox.com/funding/documents/state-forms/**
- ☐ Medicare and Medicaid programs require the client to have a face-to-face (F2F) encounter with their physician. The face-to-face encounter must be related to the primary reason the beneficiary requires the medical equipment and the visit must occur within 6 months from the date of the prescription. PLEASE NOTE: some state Medicaid's require the F2F to be within 6 months of delivery.

Tobii Dynavox is required to keep a copy of all documentation on file to meet state and government requirements; however a copy should be kept by both the client advocate and the client contact person.

Please send complete Funding Packet to the address listed below, or fax to **866-336-2737** or email to **funding@tobiidynavox.com**

Tobii Dynavox
Attn: Funding Department
2100 Wharton Street, Suite 400
Pittsburgh, PA 15203

QUESTIONS? Contact 1-800-344-1778

Client Information Form

(must be completed and returned)

Today's Date: _____

Section 1: Client – The client is the person who will be receiving the equipment or services.

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone #: _____ Alt. Phone #: _____

Social Security #: _____ Email address: _____

What is the best way to contact you? ☐ Email ☐ Phone

☐ Male ☐ Female ☐ Married ☐ Single

Are you a student? ☐ Yes ☐ No

Are you employed? ☐ Yes ☐ No

Current Place of Residence:

☐ Home
☐ Custodial Facility (assisted living)
☐ Intermediate Care/Individuals with Intellectual Disabilities
☐ Skilled Nursing Facility
☐ Hospice Program
☐ Group Home
☐ Inpatient Hospital

Facility or Group Home Name: _____ Phone #: _____

Section 2: The Diagnosis – The diagnosis is the client condition which requires the requested equipment or services.

Medical Diagnosis: _____

Communication Diagnosis: _____

Is diagnosis a result of an accident? ☐ Yes ☐ No If yes, date of accident: _____ Type of accident? ☐ Employment ☐ Auto ☐ Other

Section 3: Family Contact/Legal Guardian – The legal guardian or family contact is the person who is the emergency contact or who is assisting the client.

First Name: _____ Last Name: _____ Home Phone #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship to Client: (Check all that apply)
☐ Spouse ☐ Parent ☐ Other (please specify) _____
☐ Child ☐ Legal Guardian
☐ Power of Attorney

Emergency Phone #: _____
(This must be different from the client's home #)
☐ Check here if different number is not available

What is the best way to contact you? ☐ Email ☐ Phone

Fax #: _____

Email: _____

Section 4: Speech Language Pathologist/Evaluator – The SLP is the clinician who performed the evaluation of the client and provided the written report.

First Name: _____ Last Name: _____ SLP Phone #: _____

SLP Alt Phone #: _____ SLP Alt. Fax #: _____ SLP Fax #: _____

Facility Name: _____ Facility Phonex #: _____

Business Street address: _____ City: _____ State: _____ Zip: _____

P.O. Box: _____ City: _____ State: _____ Zip: _____

Email: _____ Alt. Contact Name: _____

Facility Phone #: _____ Alt. Contact Email: _____

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Section 5: Treating Physician – The treating physician should be the specific PCP that your insurance (or Medicaid, if applicable) requires. Please be sure that this PCP signs your prescription.

Doctor First Name: _____ Doctor Last Name: _____

Practice Name/Street address: _____ Phone: _____ Fax: _____

P.O. Box: _____ City: _____ State: _____ Zip: _____

Doctor Medicaid Provider #: _____ Doctor license #: _____ Doctor NPI #: _____

Date of last face to face visit: _____

Section 6: Private insurance (if applicable)

Tobii Dynavox Funding Department must be contacted immediately of ANY change to medical insurance coverage and new card copies must be sent to the Customer Fulfillment Team. ALL MEDICAL INSURANCE COVERAGES MUST BE LISTED.

Name of Insurance: _____ Employer Name: _____

Policy #: _____ Group #: _____ Insurance company Phone #: _____

Case Manager (if applicable): _____ Phone #: _____

Policy Holder Name: _____ Policy Holder DOB: _____ Policy Holder SS#: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship to Client: ☐ Self ☐ Spouse ☐ Other (please specify) Phone #: _____ Fax #: _____

☐ Parent ☐ Legal Guardian _____

Section 7: Medicare (if applicable)

Medicare #: _____

Section 8: Medicaid (if applicable)

Medicaid #: _____ Phone Number: _____

If you have Managed Care Medicaid, name of insurance co: _____ ID #: _____

Section 9: Other Insurance (auto/workers compensation)

Name of Insurance: _____ Employer Name: _____

Policy #: _____ Group #: _____ Insurance company Phone #: _____

Case Manager (if applicable): _____ Phone #: _____

Policy Holder Name: _____ Policy Holder DOB: _____ Policy Holder SS#: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship to Client: ☐ Self ☐ Spouse ☐ Other (please specify) Phone #: _____ Fax #: _____

☐ Parent ☐ Legal Guardian _____

Section 10: Alternate Funding (MDA, etc)

Contact Info: _____

_____

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Section 11: Shipping Information

Name: _____ Organization (if applicable): _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Please note: We cannot ship to a P.O. Box. Medicare funded devices must ship to the client's home address.

Section 12: Other Equipment

Do you currently, or have you ever owned a communication device? ☐ Yes ☐ No

Date of Purchase: _____
(We must have at least month & year)

Do you currently own a wheelchair ☐ Yes ☐ No

Make: _____ Model: _____

Choose device:

☐ I-13 ☐ I-16 ☐ SC Tablet ☐ I-110 ☐ EM-12 w/ EyeMobile Plus

☐ I-13 and Eye-Gaze ☐ I-16 and Eye-Gaze ☐ Indi 7 ☐ EM-12

Choose mount:

☐ Wheelchair ☐ Rolling/Floor ☐ Desk/Table

Accessory: Please list _____

* Not all insurance plans will cover multiple mounting system

Section 13: Client Certification

Please read and check next to each statement

☐ I verify that all information contained herein is correct and true to the best of my knowledge. I also understand that the information provided will be used by Tobii Dynavox for the purpose of obtaining funding and hereby give permission to Tobii Dynavox to release this information as required by the funding sources listed.

☐ I understand that I may be able to rent or purchase the equipment that has been prescribed by my physician. The rental duration will be according to the manufacturers' policy.

☐ I understand that if my insurance coverage requires a capped rental, I will be subject to the Terms and Conditions of the Capped Rental program.

Signature(s) of person(s) completing this form:

1. _____ Name & Relationship to Client (Please Print) _____ Date

2. _____ Name & Relationship to Client (Please Print) _____ Date

Please send complete Funding Packet to the Pittsburgh address listed below, or fax to **866-336-2737** or email to **funding@tobiidynavox.com**

Tobii Dynavox
Attn: Funding Department
2100 Wharton Street, Suite 400
Pittsburgh, PA 15203

Lifetime Release & Assignment of Benefits Payment Agreement

(must be completed & returned)

I authorize the release of any medical or other information necessary for determining benefits payable for equipment or services and processing claims by the Centers for Medicare & Medicaid Services, my insurance carrier and any other medical/insurance entity. I understand that on occasion, funding or reimbursement barriers are encountered. Tobii Dynavox works in conjunction with Disability law Centers on behalf of customers to overcome these barriers to ensure that funding is obtained. I hereby authorize, if necessary, Tobii Dynavox to release information related to my claim for funding to these Disability Law Centers.

I authorize payment of insurance benefits, including Medicare if applicable, be made either to me or on my behalf to Tobii Dynavox for any equipment or services provided to me. Should I receive payment directly from the insurance company, I agree to forward the check and "Explanation of Benefits" to Tobii Dynavox within 10 days of receipt. I understand that the check and explanation are due to Tobii Dynavox in order to credit my account. If I fail to provide this information, I understand that I will be held legally responsible for payment in full for all equipment or services which have been provided by Tobii Dynavox.

I understand that I am financially responsible to Tobii Dynavox for any charges not covered by health care benefits. I agree to notify Tobii Dynavox of any changes in my health care insurance coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I understand that I am responsible for the entire bill or balance of the bill as determined by Tobii Dynavox and/or my health care insurer if the submitted claims, or any part of them, are denied for payment.

I understand that by signing this form, I am accepting financial responsibility as explained above for all payment for products received.

THIS DOES NOT APPLY WHEN MEDICARE DETERMINES THE BALANCE TO BE THE CONTRACTOR'S OBLIGATION, OR TO MEDICAID RECIPIENTS.

I have read and understand the Tobii Dynavox 30 Day Return Policy, Patient Bill of Rights and Responsibilities (which includes the process to file a grievance or complaint with the Company), the Tobii Dynavox Supplier Standards, per DMEPOS, and the Tobii Dynavox Notice of Privacy Practices.

☐ Please check if client is currently receiving hospice care ☐ Please check if client is currently in a skilled nursing facility

*******Form must be signed and dated below to be valid*******

Client Name (User): _____

Signature of Client/Insured/Legal Guardian/Power of Attorney _____

Relationship to Client: Self ____ Parent ____ Spouse ____ Guardian/POA ____ Date: _____

(MUST BE SIGNED, HAVE RELATIONSHIP, AND BE DATED TO BE VALID) ONLY RESPONSIBLE PARTY CAN SIGN!

Witness Signature (valid with client mark only): _____

Relationship to Client: _____ Date: _____

(ONLY REQUIRED WHEN POA/LEGAL GUARDIAN/CLIENT'S SIGNATURE IS UNREADABLE, CLIENT USED A MARK, OR STAMP WAS USED)

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*Only Required for **SC Tablet** and **SC Tablet Pro** funding packets*

Notice of Agency and Device Management Requirements and Agreement for Tobii Dynavox SC Tablet and SC Tablet Pro

Some of the devices that Tobii Dynavox sells are funded by 3rd party payers, such as Medicare, Medicaid, and private insurers. In some of those cases, and in order to qualify for funding, Tobii Dynavox is required to restrict the features of those funded devices to "Speech Generation" only, and not the functionality of a general-purpose computer.

To qualify as a fundable device, the configuration of the devices that Tobii Dynavox supplies must be remotely managed to exclude general-purpose applications.

You, as the recipient of a device paid for by one of these funding agencies, must agree that Tobii Dynavox will manage your device, or the device cannot be provided to you.

You agree that your funded device will be enrolled in the Tobii Dynavox device management service for the duration of the equipment life.

In order to properly configure and maintain your device it is necessary for the device to have periodic access to a WiFi network. **You agree that you will be able to access WiFi during the following periods:**

- At the initial device setup WiFi is required to be available to start up an iOS device.
- Operating system and software updates are recommended on a regular basis. These updates require approximately 1 hour of update time via a WiFi network.
- In order to unlock the device to make use of general purpose applications. (The price to unlock a device at the time of this agreement is $25.00, plus tax)
- If you need or want to install other applications (depending on the app and whether your device is dedicated or not.

This notice combined with your order to purchase a Tobii Dynavox Speech Tablet type of dedicated speech generating device constitutes your agreement to be bound the terms of this agreement. Without this agreement and availability of network services as described above, this type of device is not available for purchase as a dedicated device.

Agreement for _____
Name of beneficiary

I acknowledge the requirements contained here and I am the beneficiary or authorized to sign on the beneficiary's behalf. I will have access to a WiFi netork as required above and agree to appoint Tobii Dynavox to manage the configuration of this device (at no additional charge beyond the purchase price).

_____ _____ _____

Printed Name **Signature** **Date**

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PHYSICIAN PRESCRIPTION

2100 Wharton Street, Ste 400, Pittsburgh, PA 15203 800-344-1778

Patient Information Order Request Date: _____

Patient Name: _____ Patient DOB: _____

Insurance ID: _____ Address: _____

Clinical Information

Medical Diagnosis:_____

Communication Diagnosis:_____

Length of Need: ☐ Lifetime Other: _____

Prognosis: ☐ Good with purchase of Speech Generating Device Other:_____

Date of Last Visit **(must be within last 6 months)**: _____

Equipment Prescribed:

Equipment Description	Quantity

Mounting System: ◯ Yes ◯ No

Physician Information

I have reviewed a copy of the Speech Language Pathologist's completed communication evaluation for the above patient and agree with the recommendation for the listed equipment. The prescribed device and accessories are medically necessary to achieve the functional communication goals for this patient as noted in the SLP's treatment plan.

Physician's Name (print): _____ NPI #:_____

Medicaid ID: _____ Phone #: _____

Address: _____

Physician's Signature: _____ **Date:** _____

Signature/Date stamps are not permitted

Return via fax to: 1-866-336-2737 or via email to: funding@tobiidynavox.com

Notice of Privacy Practices

(Keep for your records)

Purpose

To ensure that all of the regulations of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that apply to Tobii Dynavox are followed by all associates.

It is the purpose of all Tobii Dynavox associates to ensure the standards described in our Notice of Privacy Practices, as related to our customers and potential customers, are properly followed.

Responsibility

Tobii Dynavox management has the overall responsibility for implementing this policy and must designate a Privacy Officer to be responsible for administering this policy. This notice describes how protected health information (PHI) may be used and disclosed, and how you can gain access to this information.

Our Commitment to Your Privacy

Tobii Dynavox is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your protected health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your protected health information.
- Your privacy rights in your protected health information.
- Our obligations concerning the use and disclosure of your protected health information.

The terms of this notice apply to all records containing your protected health information that are created or retained by Tobii Dynavox. We reserve the right to request or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records that Tobii Dynavox has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice on our web site www.tobiidynavox.com and you may request a copy of our most current notice.

If You Have Questions About this Notice, Please Contact:

Chief Privacy Officer at (800) 344-1778 ext. 7800

We may use and disclose your health information in the following ways:

The following categories describe the different ways in which we may use and disclose your protected health information.

- **Funding Assistance** - Protected health information is primarily used at Tobii Dynavox to assist in getting Medicare, Medicaid or private insurance funding for advanced augmentative communications (AAC) devices and solutions or Speech Generating Devices (SGD's).
- **Release of PHI to Guardians, Caregivers, SLPs and Other Health Care Professionals** - Tobii Dynavox may release protected health information to authorized individuals. This would include customers, relatives of customers, caregivers, SLPs, other medical professionals and various funding agencies including Medicare, Medicaid and private insurance.
- **Referral to AAC Advocate** - Material will be sent to our AAC advocate as required to facilitate alternate funding sources or appeal a denial of funding decision. Tobii Dynavox will obtain written authorization from our customers for disclosure of your protected health information for this purpose.
- **Disclosures Required** - Tobii Dynavox will use and disclose your protected health information when required by federal, state or local law.
- **Other Uses and Disclosures** - Other uses and disclosures of your protected health information for reasons not specified above will only be made with an individual's written authorization. The written authorization will state:
    1. Purpose or reason for the disclosure.
    2. Organization or individual to which the information is disclosed.
    3. Time period that the information may be used.

An individual has the right to revoke authorization at any time upon giving written notice of such revocation.

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Use and disclosure of your protected health information in special circumstances:

- **Public Health Risks**
  Tobii Dynavox may disclose your protected health information to public health authorities that are authorized by law to collect information for the purposes of:
  1. Maintaining vital records, such as births and deaths.
  2. Reporting child abuse or neglect.
  3. Notifying individuals if a product or device they may be using has been recalled.
  4. Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the customer agrees or we are required or authorized by law to disclose this information.
- **Health Oversight Activities**
  Tobii Dynavox may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, license and disciplinary actions, civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.
- **Research**
  Tobii Dynavox may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy or de-identification of your protected health information.
- **Lawsuits of Similar Proceedings**
  Tobii Dynavox may use and disclose your protected health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceedings. We also may disclose your protected health information in response to discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- **Law Enforcement**
  Tobii Dynavox may release protected health information if asked to do so by a law enforcement official:
  1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
  2. In response to a warrant, summons, court order, subpoena or similar legal process.
  3. To identify/locate a suspect, material witness, fugitive - or missing person.
  4. In an emergency, to report a crime (including the - location or victim(s) of the crime, or the description, identity or location of the perpetrator).
- **Military**
  Tobii Dynavox may disclose your protected health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
- **National Security**
  Tobii Dynavox may disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations as required by law.
- **Inmates**
  Tobii Dynavox may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for:
  1. The institution to provide health care services to you.
  2. The safety and security of the institution.
  3. Protection of your health and safety or the health and safety of other individuals.
- **Workers' Compensation**
  Tobii Dynavox may release your protected health information for Workers' Compensation and similar programs.

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Your rights regarding your protected health information:

You have the following rights regarding the protected health information that we maintain about you:

- **Confidential Communications**
  You have the right to request that Tobii Dynavox communicate with you about your health and related issues in a particular manner or a certain location.
- **Request Restrictions**
  You have the right to request a restriction in our use or disclosure of your protected health information for funding, treatment, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your protected health information to individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by laws or when the information is necessary to facilitate funding. In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing to:

  Chief Privacy Office
  Tobii Dynavox
  2100 Wharton Street, Suite 400
  Pittsburgh PA, 15203

  Your request must describe in a clear and concise fashion:
  1. The information you wish restricted.
  2. Whether you are requesting to limit our companies use, disclosure or both.
  3. Whom you want the limits to apply to Inspection.
- **Inspection and Copies**
  You have the right to inspect and obtain a copy of the protected health information that may be used to make decision about you including: customer medical information, funding information and billing records. You must submit your request in writing to the Tobii Dynavox Chief Privacy Officer as instructed above in order to inspect and/or obtain a copy of your protected health information. Tobii Dynavox may charge a fee for the cost of copying, mailing, labor and supplies associated with your request. Tobii Dynavox may deny your request to inspect and/or copy in certain limited circumstances.
- **Amendment**
  You may ask Tobii Dynavox to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as Tobii Dynavox keeps the information. To request an amendment, your request must be made in writing and submitted to the Tobii Dynavox Chief Privacy Officer as instructed above. You must provide us with a reason that supports your request amendment. Tobii Dynavox will deny your request if you fail to submit the request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:
  1. Inaccurate and incomplete.
  2. Not part of the protected health information kept by or for Tobii Dynavox.
  3. Not part of the protected health information which you would be permitted to inspect.
  4. Not created by Tobii Dynavox, unless the individual or entity that created the information is not available to amend the information.
- **Accounting of Disclosures**
  All of our customers have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures Tobii Dynavox has made of your protected health information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Tobii Dynavox Chief Privacy Officer as instructed above. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years and not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but Tobii Dynavox may charge you for additional lists within the same 12-month period. Tobii Dynavox will notify you of the cost involved with additional requests, and you may withdraw your request before you incur any costs.
- **Right to a Paper Copy of This Notice**
  You are entitled to receive a paper copy of Tobii Dynavox’s Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the Chief Privacy Officer at (800)344-1778 ext. 7800.
- **Right to File a Complaint**
  If you believe your privacy rights have been violated, you may file a complaint with Tobii Dynavox or the Secretary of the Department of Health and Human Services, (202) 619-0257. To file a complaint with Tobii Dynavox, contact the Chief Privacy Officer at (800) 344-1778 ext. 7800. All complaints must be submitted in writing. A complaint can be filed without reprisal from anyone at Tobii Dynavox or its associates.
- **Right to Provide an Authorization for Other Uses and Disclosures**
  Tobii Dynavox will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. Please note that we are required to retain records of your funding and device information.

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Patient Bill of Rights and Responsibilities

(Keep for your records)

Bill of Rights

- Be fully informed in advance about service/care to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the service/care plan.
- Participate in the development and periodic revision of the plan of service/care.
- Informed consent and refusal of service/care or treatment after the consequences of refusing service/care or treatment are fully presented.
- Be informed, both orally and in writing, in advance of service/care being provided, of the charges, including payment for service/care expected from third parties and any charges for which the client/patient will be responsible.
- Have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality.
- Be able to identify visiting staff members through proper identification.
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommended changes in policy, staff, or service/care without restraint, interference, coercion, discrimination, or reprisal.

Grievances or complaints may be sent in writing to:

Complaint Department
Tobii Dynavox
2100 Wharton Street, Suite 400
Pittsburgh PA 15203

or

Office of Quality Monitoring The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
(800) 994-6610

- Have grievances/complaints regarding treatment orcare that is (or fails to be) furnished, or lack of respect of property investigated.
- Choose a health care provider.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- Be advised on agency's policies and procedures regarding the disclosure of clinical records.
- Receive appropriate service/care without discrimination in accordance with physician orders.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities, listed below.
- Be informed of provider service/care limitations.

Responsibilities

- Prior to receipt of equipment provider must be informed of any changes to medical insurance coverage.
- Upon delivery, all equipment must be inspected and any problems or issues with equipment reported to company within the 30 day return period. No returns or exchanges will be accepted beyond the 30 day return period.
- There will be no returns of custom ordered equipment such as non-stocked wheelchair mounting parts. You are responsible for providing us with correct information about your source of payment and ability to pay your bill.
- Become knowledgeable about his or her health plan coverage and health plan options (when available) including all covered benefits, limitations and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- The client/patient is responsible for warranty information and expiration dates. Reminders may be provided as a courtesy only.

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Supplier Standards

(Keep for your records)

Tobii Dynavox adheres to the following standards as required by the Centers for Medicare and Medicaid Service:

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to a scertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-coverd items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Compliant records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

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Customer Support: 1-800-344-1778 ▪ CSS@tobiidynavox.com

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30 Day Return Policy

All products sold by Tobii Dynavox are backed by a 30 day return policy. All returns require prior authorization by Tobii Dynavox Management within 30 days from the date the product was shipped from Tobii Dynavox Pittsburgh, PA. All approved returns must be shipped at Buyer's cost, and all items must be properly packaged as instructed by Tobii Dynavox. Product returns, which are not approved, will not be accepted by Tobii Dynavox.

This 30 day policy does not pertain to Special Ordered Parts. All products which are not considered a stocked item of Tobii Dynavox are considered a special order and are non-returnable, non-refundable unless expressly authorized by Tobii Dynavox Management. No exceptions will be made.

To return a device contact us at 1-800-344-1778 opt. 2

Equipment Warranty Information Form

Every device (Eyemax included) sold by our company carries a 1–year manufacturer's warranty. Tobii Dynavox will notify all clients of the warranty coverage, and we will honor all warranties under applicable law.

Tobii Dynavox will repair or replace, free of charge, equipment that is under warranty. In addition, when available, an owner's manual with warranty information will be provided to clients for all durable medical equipment.

Face-to-Face Requirement FAQs

Recently, insurance carriers made an important change requiring a Face-to-Face examination with a beneficiary prior to prescribing Durable Medical Equipment such as a speech generating device (SGD). At Tobii Dynavox, we know how hard it can be to keep up with changes to your benefits, so we have a team of funding professionals keeping informed on matters that can impact your ability to secure an SGD. Below are some basic FAQs to answer questions you may have. To read more about what insurance has to say about this new Face-to-Face Requirement, please visit: www.cms.gov

Q: What is the Face-to-Face requirement?

A: As a condition of payment, Insurance requires a physician document a Face-to-Face examination with a beneficiary prior to prescribing Durable Medical Equipment (DME). Speech generating devices are considered DME, and therefore, a recent physician's visit must be on file within 6 months of the speech device prescription date.

Q: I recently had a doctor's visit for the flu. This should satisfy the requirement, correct?

A: Possibly. The requirement would be met only if the physician also examined and/or discussed treatment for the diagnosis resulting in the need for the speech device. For example, if your physician only treated your flu symptoms and did not discuss the need for a speech device, you will need to arrange a separate office visit.

Q: I usually see a Nurse Practitioner within the practice. Do I need to switch to a physician?

A: No. Insurance allows the Face-to-Face exam to be conducted by a Nurse Practitioner, Physician Assistant or Clinical Nurse Specialist.

Q: I have never heard of this requirement before. I receive other medical equipment, and no other company has mentioned this. Is this a speech generating device policy only?

A: No, the Face-to-Face requirement applies to other DME items including hospital beds, oxygen, nebulizers and wheelchairs.

Q: I just saw my specialist. Do I really need to go back to my general doctor?

A: There is no need to see your general doctor if your specialist examines you, makes notes in their records about the communication impairment, and writes the prescription. But if your specialist did not treat or examine you for the communication disorder, another visit will be needed.

Q: I have an HMO through a private insurance company. Does this requirement apply to me?

A: Maybe. Most Commercial Insurers have their own medical necessity criteria. Tobii Dynavox has a team of funding associates who review each file to ensure the medical records meet the criteria of your insurance company. At the current time, most insurers are not requiring Face-to-Face exams. For the most up-to-date information on your insurance plan's criteria, please contact your insurance company.

Q: How will you know the physician recorded my last visit? Will you call my physician, or do I need to ask my doctor's office for documentation?

A: The Tobii Dynavox prescription form contains a section for the physician to note the date of your last visit. In most cases, the Funding team at Tobii Dynavox will also contact your physician upon receipt of your funding request to confirm the Face-to-Face requirement was met.

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Notice of Agency Agreement for Tobii Dynavox Windows Devices

Tobii Dynavox devices run the Windows operating system. To assist users with the setup process, Tobii Dynavox offers a configuration service (the "Service") to start and configure a device for the first time. As the User, you must accept both the *Microsoft Software License Terms for the Windows Operating System* (Microsoft.com/en-US/useterms) and the *Tobii Dynavox End User License Agreement for Tobii Dynavox Devices* (tobiidynavox.com/EULA).

As the recipient of a device who has opted to use this Service, you must appoint Tobii Dynavox as your agent to electronically accept the *Microsoft Software License Terms for the Windows Operating System* and the *Tobii Dynavox End User License Agreement for Tobii Dynavox Devices* on your behalf, or the Service cannot be provided to you.

User Name

I acknowledge the requirements contained herein, and that I am the User or am authorized to sign on the User's behalf. I agree to appoint Tobii Dynavox to manage the initial configuration of this device (at no additional charge beyond the purchase price) and I accept the terms of, and agree to be bound by, the *Microsoft Software License Terms for the Windows Operating System* and the *Tobii Dynavox End User License Agreement for Tobii Dynavox Devices*.

Printed Name | Signature | Date

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