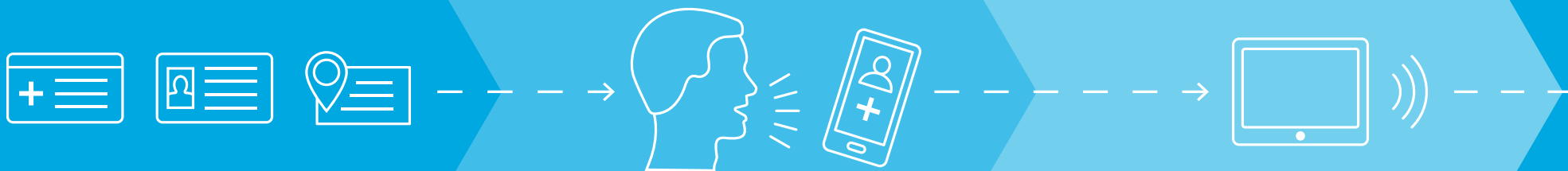




FUNDING

INSURANCE TIPS Tips To Verify Benefits

One of the first steps in obtaining a speech-generating device (SGD) is to call your insurance company to verify benefits. The policyholder or authorized family member is the best individual to make this call. If an SGD is not a covered benefit under your specific plan, it is helpful to know that before you start the funding process. Make sure to contact your local consultant if you find that your plan does not include coverage; they are happy to guide you with alternative options.



STEP 1:

Gather Information

Before you call your insurance company, please have the following information:

- + Insurance card
- + Identification number
- + Group number
- + Client's name, date of birth, diagnosis
- + Procedure code for the equipment (see Step 3 for more details)
- + NPI (National Provider Identifier)/tax ID and address of the servicing provider:

Prentke Romich Company (dba PRC-Salttillo)
1022 Heyl Rd. Wooster, OH 44691
NPI: 1184602518 Tax ID: 341174227

STEP 2:

Calling Your Insurance Company

- + Policyholder (or authorized family member) will need to call member services (telephone number should be on the back of insurance card) and ask to verify benefits for a speech-generating device which is classified under durable medical equipment
- + Provide the client's identification number, date of birth, and any other pertinent information

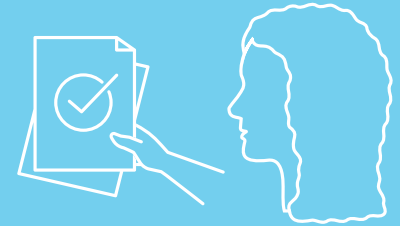
STEP 3:

Check Benefits For A Speech-Generating Device

- + Provide the servicing provider's information (see Step 1)
- + Ask for in-network and out-of-network benefits, which include current deductible and co-insurance for the below procedure code:
 - + E2510: Accent®, NovaChat®, and Via® product lines
 - + E2512: Mounting System
 - + E2599: Accessories (ex: switches, eye gaze units, TouchGuides, Keyguards, etc.)
- + Please note: The deductible and co-insurance may be different if PRC-Salttillo is an in-network or out-of-network provider with the insurance company. If out-of-network, we may be able to negotiate a single case agreement with the insurance company for in-network benefits. Payment for co-insurance and/or deductible will need to be secured prior to shipping equipment if this is the client's only source of insurance.



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STEP 4:

Additional Questions to Ask

- + Are there any restrictions or exclusions on this plan for the client's diagnosis?
 - + For example, are there any exclusions on this plan for Autism?
- + Are there any monetary caps for the specific procedure code?
- + If previous device was obtained, confirm if eligible for new device (some policies only allow one SGD per lifetime).

STEP 5:

Name of Representative and Reference Number

- + Obtain the name of the insurance representative and reference number of the call for your records.

OTHER TIPS:

Once the proper documents are received by the Funding Department, we will work directly with the insurance company to begin the medical review process in the event your plan requires prior approval.



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