

Only the client or Medical Decision Maker for the client may sign the Terms & Conditions and Roles & Responsibilities for this program. The Speech-Language Pathologist CANNOT sign as the responsible party.

Enter the information for the Responsible Party below:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Terms & Conditions

1. All trials must be approved by PRC-Salttillo.
2. The trial period for loaned equipment is up to four weeks. PRC-Salttillo may approve an extended loan period based on insurance requirements or other individual needs.
3. A trial device will not be approved if the client is already in the funding process for a device or has a demonstration device.
4. Trial equipment may not leave the United States.
5. Trial equipment should be returned on time and in good working condition.
6. If the trial device is damaged beyond normal wear and tear, PRC-Salttillo reserves the right to discontinue the trial.
7. If the trial equipment is not returned in accordance with this agreement, the borrower will be liable for the replacement cost of the trial equipment. Further, they will no longer be eligible to receive loaners from PRC-Salttillo.
8. The Medical Decision Maker must notify PRC-Salttillo of any relevant changes, including, but not limited to, any change in insurance and change in SLP.
9. Damage, loss, or theft of a trial device is the responsibility of the borrower who signs this agreement.

By initialing, I understand and agree to these Terms & Conditions. I also certify that I am over 18.

\_\_\_\_\_ **Responsible Party Initials**

800.262.1984  
prc-salttillo.com

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## Roles & Responsibilities

### Device User or Responsible Party (Medical Decision Maker)

- + Provides PRC-Salttillo with insurance information
- + Completes intake call with Trial Program Specialist
- + Provides credit card (if you do not have a credit card, a social security number is required)
- + Complies with the terms and conditions below, including timely return of the device
- + Ensures the device is in good working order for the duration of the trial

\_\_\_\_\_ **Responsible Party Initials**

### Speech Therapist (SLP)

- + Guides the trial, provides training at time of equipment set up, collects trial data, and completes the AAC Evaluation

### PRC-Salttillo

- + Provides trial equipment
- + Verifies insurance eligibility and submits paperwork as required
- + Provides support and training through AAC Consultants
- + Provides technical service and support
- + Provides free return shipping

I agree, and it is my intent, to sign this Trial Device Program Application. I have read and agree to the Trial Device Program Terms & Conditions and Roles & Responsibilities. I understand that my signing and submitting this Application in this fashion is the legal equivalent of having placed my handwritten signature on the submitted document.

**Signature of Responsible Party:** \* \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Must be a valid signature. A typed name will not be accepted. Please use first-factor identity verification through a PDF tool or print and sign.

Upload both pages to the application by logging into your account at [aacfunding.com](http://aacfunding.com) or faxing to (330) 202-5840.