

Security Agreement

This agreement is entered into by Forbes Rehab Services, Inc. (Forbes AAC) and the customer listed below. The agreement defines the terms of an equipment loan requested by the customer.

Generally, loans are granted either to a Speech-Language Pathologist (SLP) or an End User. SLPs can request equipment for: 1) Single-case evaluations with an end user; or 2) Long-term placements for ongoing usage in AAC-intensive settings. End Users can request equipment to fulfill trial requirements set forth by their funding source, or at the discretion of their evaluating SLP.

Regarding Loans to End Users:

1. **Purpose:** Loans are available to End Users to fulfill funding requirements for an in-home trial, or at the discretion of the evaluating SLP.
2. **Availability:** Loans are available on a first-come, first-serve basis and are subject to approval by Forbes AAC
3. **Duration:** Equipment is available for a 2-week period unless the End User's funding source requires a trial of a different length.
4. **Security:** The customer must submit a credit card number as security to this agreement.
5. **Required Documentation:** Forbes AAC must receive all required documents prior to issuing a confirmation on the booking.
6. **Return:** Loans to end users must be return shipped on or before the date specified on their order. A \$250 late fee will be imposed on orders not return shipped by their due date.
7. **Damages:** The customer agrees that extensive damages or total loss of equipment are the financial responsibility of the customer.

Regarding Loans to Clinicians:

1. **Purpose:** Loaned equipment is for the purpose of assessments with end users who plan on procuring their own AAC device, pending a successful evaluation. The device is to stay with the clinician and not go home with the end user.
2. **Availability:** Loans are available on a first-come, first-serve basis and are subject to approval by Forbes AAC.
3. **Duration:** The duration of the loan is generally 2 weeks but can be ongoing for AAC intensive clinics.
4. **Consideration:** Forbes must approve all requests and will do so on a case-by-case basis.
5. **Review:** For long term loans in excess of 4 weeks, Clinician agrees to provide (upon request) data pertaining to the usage of the device. Typically, data will be requested every 4 weeks.
6. **Timely Responsiveness:** Clinician agrees to respond in a timely manner to requests pertaining to the order.
8. **Return:** The order must be return shipped on or before the date specified on the order; however, it is mutually understood that Forbes may require that the device be returned at any time. A \$250 late fee will be assessed if the order is not returned on the due date or upon reasonable request; an additional \$250 fee will be assessed on a weekly basis until the equipment has been returned.
7. **Damages:** Customer agrees that extensive damages or total loss of equipment are the financial responsibility of the customer.

The below signature indicates that you understand and agree to the Terms and Conditions and authorizes Forbes AAC to charge the credit card on file for late or damaged equipment:

Facility name/Customer name:

Type of customers: End User SLP

ASHA License # (For SLPs):

By signing this document, you are agreeing to the terms listed above:

Signed:

Date:

Important: Your order is drafted but not yet booked. Upon receipt of the required documents and approval by Forbes, you will be issued an order confirmation that includes ship dates for your order.

Forbes AAC

181 Illinois Ave. South
Mansfield, OH 44905

phone 419.589.7688
fax 419.589.5146



forbesaac.com



FORBES AAC

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Equipment requested: ProSlate 6D ProSlate 8D ProSlate10D WinSlate WinSlate with Enable Eyes

ProSlate 13D	ProSlate13 with EnableEyes
	

Keyguard (specify the vocabulary and grid size):

Shipping Information:

Name:

Relationship to Client: Spouse Parent Legal Guardian Other:

Street Address/Facility (if applicable):

City: _____ State: _____ Zip: _____

Preferred Phone: Alternate Phone: Email:

02/17/25

Forbes AAC is a trade name of Forbes Rehab Services Inc.

forbesaac.com



Client Information Form

This Client Information Form is used to facilitate the funding process through Forbes AAC, a trade name of Forbes Rehab Services. The information provided will be kept confidential. Please note that all requested information is necessary for Forbes Rehab Services to properly assist with the funding process. In order to ensure timely processing, please complete the **entire** Client Information Form. If you have any questions, please contact the Funding Department at 419.589.7866

email or FAX completed form to:

Forbes Rehab Services, Inc.
181 Illinois Ave. South
Mansfield, OH 44905
fax 419.589.5146
funding@forbesaac.com

Client Information – The client is the individual for which funding is being pursued.

Name _____ Phone _____
Address _____ Date of Birth _____
City _____ State _____ Zip _____ SSN _____
Sex Male Female

Have you applied for or are you receiving in home or facility based hospice care, skilled nursing care or hospital based care?
No Yes

Have you ever owned a Speech Generating Device? No Yes, age of previous device

Place of Residence

Home Group Home Nursing Home Long Term Care Facility Other

Evaluating Speech Pathologist – This is the SLP that completes the Evaluation and Speech Evaluation Report.

Name _____ Phone _____
Facility _____ Alt Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Email _____

Personal Advocate – This is an individual representing the client in a non-professional manner.

Relationship to client: Parent Guardian Spouse Other
Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____ Email _____

Professional Advocate (Optional) – This is an individual representing the client in a professional manner.

Relationship to client: Assisting Speech Pathologist Case Manager Other
Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____ Email _____

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Referring Physician Information – This is the medical doctor who is prescribing the equipment.

Physician Name	Phone	Fax
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Funding Sources / Insurance Coverage – BOTH Primary and Secondary insurance providers are required for funding. If both are not present at time of application it could significantly delay the funding approval process, and in many cases cause the process to start over. Both **FRONT AND BACK** of all cards need to be present to make sure the funding application is submitted correctly.

Insurance Company Name

Policy Holder's Information - Primary

Name	Phone
Address	Fax
City	State
Zip	Policy holder date of birth
Social Security Number	Policy Holder's SSN
Name of Employer	Policy/Contract ID #
Group #	Policy Holder Relationship to Client

Insurance Company Name

Policy Holder's Information - Secondary

Name	Phone
Address	Fax
City	State
Zip	Policy holder date of birth
Social Security Number	Policy Holder's SSN
Name of Employer	Policy/Contract ID #
Group #	Policy Holder Relationship to Client

Delivery or Shipment Contact – This is the contact for shipment and delivery of equipment (PO boxes not allowed)

*Medicare requires equipment to be shipped to Client's Residence

Client	Evaluating SLP	Personal Advocate	Professional	Other (list below)
Contact Name			Advocate Phone	
Address		City	State	Zip

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Email Updates – The email addresses listed below will be included in funding email updates. If this section is left blank, all email address associated with the funding packet will receive updates.

Name & Relationship to Client	Email
Name & Relationship to Client	Email
Name & Relationship to Client	Email

Notes –