



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

Physician Name Phone Fax

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



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 –