

Place of Service Billing Code

Forbes AAC is putting together a funding request for a repair/replacement or new Speech Generating Device for _____. Funding requires that we identify the exact **“Place of Service”** before billing. If the beneficiary lives in a private residence then mark code 12 and have signed by the beneficiary, parent/guardian or POA. For a facility, indicate the licensing category for the wing the beneficiary resides in and have signed by a member of the facility’s management.

Please indicate below, what licensing category the above-named beneficiary resides in, the name of the facility (if applicable), phone number and the full address:

- Code 12 – Private Residence
- Code 13 – Assisted Living Facility
- Code 14 – Group Home
- Code 31 – Skilled Nursing Facility (SNF)
- Code 32 – Nursing Facility
- Code 33 – Custodial Care Facility
- Code 54 – Intermediate Care Facility/Developmentally Disabled (MR)

Facility Name (if applicable): _____ Phone: _____ Ext: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature

(of person completing this form)

When completed, please FAX to 419.589.5146
or mail this form to Forbes AAC.

Title/Date

PLEASE INCLUDE CURRENT COPY OF THE CLIENT’S MEDICAID/MEDICARE/INSURANCE CARD WITH THE RETURN OF THIS FORM.

Rev 04/24/20

Forbes AAC

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