



## Assignment of Benefits

Client Information (please print)		Shipping Information
Name		
Phone		

Please Note: Devices cannot be shipped to P.O. Boxes.

### Assignment of Benefits

I choose to receive the speech-generating device through my insurance company, and I authorize Medicare and/or other insurance(s) to furnish payment(s) directly to Lingraphicare America, Inc. (LCA) for its services. I also authorize LCA to release my medical information to any insurance company to determine whether benefits are payable. Should I receive payment directly from the insurance company, I agree to forward the check and "Explanation of Benefits" (EOB) to LCA within 10 days of receipt. I understand that the check and EOB are due to LCA in order to credit my account. If I fail to provide this information, I understand that I will be held legally responsible for payment in full for all equipment and/or services that have been provided by LCA.

### Privacy Policy

I have read and understand the privacy policy of Lingraphicare America, Inc. available at [aphasia.com/privacy-policy](http://aphasia.com/privacy-policy).

### Communication Policy

I acknowledge Lingraphicare America, Inc. may contact me to coordinate care, provide additional trainings, and to provide coverage reminders and changes.

### Ownership of a Speech-Generating Device

I have never owned a speech-generating device

I currently own or have owned a speech-generating device in the past:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Was the device paid for by your current insurance company? \_\_\_\_\_

Typically insurance companies cover one speech-generating device every five years. If your insurance company covered the device, please send us any supporting documentation such as the "Explanation of Benefits" or the packing slip from your prior device.

### Client Authorization

I have read and agree to the provisions noted above:



Signature of Client or Authorized Individual



Date Signed



Print Name of Client or Authorized Individual

Relationship to Client

Reason Client is Unable to Sign

K0189B1019