



103 Carnegie Center • Suite 104  
Princeton, NJ 08540  
+1 (888) 274-2742 • www.aphasia.com

## Fax Cover Page

Date:

To: **Chris Brady – Fax +1 (609) 269-2015**      **Michelle Perez – Fax +1 (609) 498-7432**

From: Phone:

Fax: Email:

### Documents Included:

Assignment of Benefits (AOB)	Speech-Generating Device (SGD) Evaluation
Auth to Release Protected Health Information (ARPHI)	Speech-Generating Device (SGD) Order Form
Appointment of Representative (AOR)	Other:

### Optional Documentation:

SLP Therapy Notes with supporting documentation  
Personal Interests Form (PIF)

### Total pages (including cover):

Alternate fax number: +1 (609) 275-1311

### NOTE:

*Please notify your Documentation Specialist via email that your fax has been sent.*

Chris Brady – [cbrady@lingraphica.com](mailto:cbrady@lingraphica.com)

Michelle Perez – [mperez@lingraphica.com](mailto:mperez@lingraphica.com)

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