



10363 Democracy Lane,
Fairfax Virginia, 22030
Eyegaze Inc. U.S.A
Phone: 703-385-8800

Patient Insurance Claim Instructions for Physician

Your patient, _____ has tried the Eyegaze Edge communication system, and in concurrence with the SLP who has evaluated his/her communication function, is requesting that system.

In order to comply with Medicare and other funding sources we must collect from you a DME prescription, *fully completed* along **with clinical notes from the patient's most recent visit relating to the patient's diagnosis.** This visit must occur *less than 6-months before* the written order prior to delivery. Please review the SLP report either included in this packet or forwarded from the SLP in order to supply you with additional necessary information.

Please FAX (703-385-7137) or mail the completed necessary documents: Speech Generating Device prescription and recent clinical notes to:

Eyegaze Inc.
Attn: Funding Department
10363 Democracy Lane
Fairfax, VA 22003

If you have any questions please call Eyegaze Inc. at 1-800-EYEGAZE and ask for the Funding department.

Your patient is in need of this device in order to communicate critical health information as well as for interacting with his or her family. Please help us in our efforts to make this a reality as quickly as possible. Thank you for your help.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Cleveland".

Nancy Cleveland, RN, BSN
Medical Coordinator

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