

documents.

10363 Democracy Lane, Fairfax Virginia, 22030 Eyegaze Inc. U.S.A

Phone: 703-385-8800

Eyegaze Edge® Funding Packet

several documents. Please submit the following signed/completed forms to our Funding Department:
□ Authorization for Release of Information: Designates whom Eyegaze Inc. can communicate with regarding your case. You may want to list the insurance company, doctor, SLP, and family. The form is an acknowledgment that you have read the Notice of Privacy Practices (HIPAA).
☐ Financial Responsibility Form: A brief explanation of health insurance benefits disclaimers, health insurance liability for payment, and the beneficiary agreement. More details on our co-pay policy are below.
□ User Insurance Information Form: Demographic information about the client, contact information for the client's designated representative, doctor and SLP, and detailed health insurance information. Be sure to include names and phone numbers for your doctor and speech therapist. We may need to contact them to move this process forward. All contact details are critical!
☐ HIPAA-PHI Form: Designates who personal health information may be released to.
□ Copy of all insurance cards: Please provide a copy of the front and back of the client's insurance cards. Make sure the copies are legible so all phone numbers on the back of the insurance cards are clear. (Smart phone photos can be printed and faxed or mailed.)
☐ Medicare Supplier Standards (Only for Medicare Insured Customers): Information regarding Medicare's policies.
Send all completed paperwork via mail or fax to:
Eyegaze Inc. Funding Dept. FAX: 703-385-7137 10363 Democracy Lane Fairfax, VA 22030
Please pass these forms on to the appropriate person:
□ SLP Report template and instruction sheet: A Speech-Language Pathologist must write a communication evaluation report for submission to the insurance company.
□ Physician's Prescription Form and instruction sheet: Physicians must provide a DME prescription, <i>fully completed</i> along with clinical notes from the patient's most recent visit relating to their diagnosis prior to being evaluated by the SLP. This visit must occur <i>within 6 months of the DME order or prescription</i> .
Following up with the physician's office and SLP re: completion of their documents may help expedite the process of completing funding requirements. We are often delayed in completing the order because we have not received these



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Completing the Order for an Eyegaze Edge

You'll be sent a contract from Eyegaze Inc. when:

- All the required documents have been received in our Funding Department.
- Funding sources have been contacted by Eyegaze Inc. to determine probable funding.

If there is an anticipated co-pay due that amount will be specified in the contract. The cost of any options that are not eligible for insurance coverage will also be specified.

The contract and payment information will be emailed to you by Lori Chesbro@eyegaze.com).

Insurance Copay Policy

If the client has private primary insurance, we will do our best to determine beforehand the estimated percentage the primary insurance will pay.

If the client has secondary insurance, Eyegaze Inc. will contact their insurance company to determine the percentage of the copay they will cover. The client will be billed if there is a remaining balance after any insurance payments are made.

For those options not covered by insurance (e.g., Eyegaze Edge Link, additional mount, etc.) payment must be made in full before shipment.