



Talk To Me Technologies, LLC
 3508 Terrace Drive, Cedar Falls, IA 50613
 phone: 1-877-392-2299 fax: 1-888-310-3112
 TalkToMeTechnologies.com

Release of Information

I authorize the release of any medical or other information needed to determine these benefits payable and to process a claim for related equipment and/or services to Talk to Me Technologies, LLC , the Health Care Financing Administration, my Insurance Carrier or any other medical entity.

For Medicare recipients: I certify that I AM NOT receiving in home or facility based hospice care, skilled nursing or hospital based care.

Policy Holder Name:		Policy Holder Date of Birth:	
Policy Holder Address:	City:	State:	Zip:
Policy Holder Employer:		Policy Holder Phone:	
Beneficiary (Client) Name:		Beneficiary Date of Birth:	
Beneficiary Address:	City:	State:	Zip:
Residence (Where client lives/current place of residence) Home or Facility (**NAME OF CONTACT AND ADDRESS IS REQUIRED FOR ANY OF THE FOLLOWING***)			
Group Home	Assisted Living Facility	Nursing Facility	Skilled Nursing Facility
Facility for the Developmentally Disabled/ICF			
Primary Facility Name:	NPI#:	Contact Name:	Phone:
Address:		City:	State:
			Zip:

Please list **both** medical and speech diagnosis below.

Medical Diagnosis:	Speech Diagnosis:
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Please specify who we may communicate this information to (Example: Inquiring SLP)

Name	Phone	Email

Device/Mount/Accessory being sought:

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Prior Equipment (List equipment paid for by 3rd party funding in the past 5 years)

Device:	Date:	Payor:	Vendor:

****IMPORTANT**TALK TO ME TECHNOLOGIES DOES NOT BILL YOUR INSURANCE UNTIL THE DAY YOUR DEVICE IS DELIVERED TO YOU. THEREFORE, ANY CHANGE IN ANY OF YOUR INSURANCES MUST BE COMMUNICATED WITH US UP TO AND INCLUDING THE DATE OF DELIVERY.
 ATTACH FRONT/BACK OF CURRENT INSURANCE CARDS TO THIS FORM.**

Guardian/POA Name:	
Guardian/POA Signature:	Date: