



Tobii ATI provides innovative hardware and software solutions for individuals with disabilities or special education needs

### FUNDING CHECKLIST

Please submit the following information to TobiiATI so we may process your claim through private health insurance, Medicaid or Medicare, as requested.

- Completed **Client Information Form** (attached)
- Copy of the Insurance, Medicare/Medicaid ID Card
- Prescription:** a prescription from the patient's primary care physician listing the specific Device (Mercury, Mercury SGD, MiniMerc, MiniMerc SGD, and L\*E\*O, MyTobii P10) and **all** other accessories recommended (sample attached)

**Note:** Medicare will fund for the Mercury SGD or MiniMerc SGD, MyTobii P10 SGD but not the Mercury, MiniMerc or MyTobii P10 VIP.

- Letter of Medical Necessity:** a letter from the physician and/or speech language pathologist explaining the medical necessity of the device is required by some states but recommended in all. (sample attached)

- Written Evaluation:** a written evaluation by a speech language pathologist including:
  - client/patient diagnosis
  - prognosis
  - communication capabilities
  - ability to use the device
  - a comparison of AAC devices
  - examples of how denial of a communication device could endanger the client/patient's health and/or safety

Refer to "**Things to Consider Before Writing the Speech Report,**" "**Speech Eval Worksheet**" and the Samples of **Speech Reports** for guidance (attached)

- Assignment of Benefits & Release Form:** This form authorizes the payment of benefits from Medicare or other insurance companies to Tobii Assistive Technology, Inc. for equipment or services provided to you.

- If renting rather than purchasing, completed **Rental Order Form** and signed **Rental Contract** (attached)



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**Letter of Denial:** if your Private Insurance has denied the claim and you have

Medicaid as your secondary insurance, please send a copy of the letter of denial. We cannot approach Medicaid without it.

The following items are not required, but may be beneficial.

**Professional Reports** (OT, PT, Teacher, etc.)

**Photos or Video** of patient using device

**Peer Review**