



WELCOME TO TALK TO ME TECHNOLOGIES

Talk to Me Technologies is a privately-owned company dedicated to providing patients/clients with quality equipment and services. We specialize in speech-generating devices and provide a variety that spans all ages and abilities.

We are with you and your speech pathologist every step of the way: from the initial evaluation, the funding process, delivery and training.

Talk to Me Technologies prides itself on its carefully trained staff; people who know and understand your needs and respond to them in a personal and timely manner. These include our staff of Speech Language Pathologists, AAC Consultants, Funding Coordinators, Office Managers and Claims Coordinators. All our staff works together as a team to provide the finest service available.

Talk to Me Technologies is proud to let you know that we offer:

- Funding Coordination from beginning to end with insurance companies, Medicare and Medicaid programs (speech-generating devices are typically covered by these programs)
- Delivery and Repair Services
- Equipment Set-Up and Instruction

We are pleased that you have chosen Talk to Me Technologies. You can be assured that we strive to find and match you with a communication solution that best suits your needs. We want your response to be loud and clear the next time someone says, "Talk to me."



CLIENT INFORMATION FORM

1. CLIENT [PERSON RECEIVING THE EQUIPMENT]

TODAY'S DATE:		DATE OF BIRTH:	
CLIENT NAME:		E-MAIL:	
STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER <input type="checkbox"/> EMPLOYED <input type="checkbox"/> FULL-TIME STUDENT <input type="checkbox"/> PART-TIME STUDENT		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS:		HOME PHONE: () -	
CITY:	STATE:	ZIP:	ALT PHONE: () -
CLIENT'S MAIN PERSONAL CONTACT:		RELATIONSHIP:	E-MAIL:
HOME PHONE: () -		ALT PHONE: () -	FAX: () -
BEST WAY TO REACH CLIENT: <input type="checkbox"/> PHONE <input type="checkbox"/> ALT PHONE: <input type="checkbox"/> EMAIL			
BEST WAY TO REACH CAREGIVER: <input type="checkbox"/> PHONE <input type="checkbox"/> ALT PHONE: <input type="checkbox"/> EMAIL			

2. RESIDENCE [WHERE CLIENT LIVES]

CURRENT PLACE OF RESIDENCE (CHECK ONE): <input type="checkbox"/> HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> SKILLED NURSING FACILITY <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> CUSTODIAL FACILITY (ASSISTED LIVING) <input type="checkbox"/> INTERMEDIATE CARE FACILITY/MENTALLY RETARDED FACILITY	
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3. DIAGNOSIS [CLIENT CONDITION WHICH REQUIRES REQUESTED EQUIPMENT]

PRIMARY DIAGNOSIS:	ONSET DATE:	
SECONDARY DIAGNOSIS:	ONSET DATE:	
SPEECH DIAGNOSIS:	ONSET DATE:	
IS DIAGNOSIS A RESULT OF AN ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____	TYPE OF ACCIDENT <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER

4. SPEECH LANGUAGE PATHOLOGIST

[THE CLINICIAN THAT PERFORMED THE EVALUATION AND PROVIDED THE WRITTEN REPORT]

NAME:		E-MAIL:	
ADDRESS:	CITY:	STATE:	ZIP:
WORK PHONE: () -	ALTERNATE PHONE: () -	FAX: () -	

5. TREATING PHYSICIAN

[THE TREATING PHYSICIAN IS THE MEDICAL DOCTOR WHO HAS PRESCRIBED THE REQUESTED EQUIPMENT]

NAME:	CITY:	STATE:
ADDRESS:	WORK PHONE: () -	FAX: () -

6. PRIOR EQUIPMENT

[LIST EQUIPMENT PAID FOR BY 3RD PARTY FUNDING IN THE PAST 5 YEARS]

DEVICE:	DATE:	PAYOR:	VENDOR:
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7. INSURANCE [Indicate Which Types Of Insurances The Client Has]

*****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 COPIES OF CURRENT INSURANCE CARDS TO THIS FORM.**

<p>PRIMARY INSURANCE:</p> <p><input type="checkbox"/> MEDICARE</p> <p><input type="checkbox"/> MEDICAID / MEDICAL ASSISTANCE</p> <p><input type="checkbox"/> TRICARE / MILITARY COVERAGE</p> <p><input type="checkbox"/> PRIVATE / GROUP / COMMERCIAL INSURANCE</p> <p>POLICY HOLDER NAME: _____</p> <p>POLICY HOLDER DATE OF BIRTH: _____</p> <p>POLICY HOLDER EMPLOYER: _____</p>	<p>SECONDARY INSURANCE:</p> <p><input type="checkbox"/> MEDICARE</p> <p><input type="checkbox"/> MEDICAID / MEDICAL ASSISTANCE</p> <p><input type="checkbox"/> TRICARE / MILITARY COVERAGE</p> <p><input type="checkbox"/> PRIVATE / GROUP / COMMERCIAL INSURANCE</p> <p>POLICY HOLDER NAME: _____</p> <p>POLICY HOLDER DATE OF BIRTH: _____</p> <p>POLICY HOLDER EMPLOYER: _____</p>
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8. OTHER INSURANCE

TYPE: <input type="checkbox"/> MUSCULAR DYSTROPHY ASSOCIATION <input type="checkbox"/> OTHER		
CONTACT NAME: _____	CONTACT PHONE: () -	CONTACT FAX: () -

9. EQUIPMENT RECOMMENDATIONS

[COMPLETE LIST OF ALL EQUIPMENT, ACCESSORIES, AND PARTS REQUESTED]

<input type="checkbox"/> RENTAL OR <input type="checkbox"/> PURCHASE	FOR RENTALS, LIST THE MODEL OF DEVICE. ACCESSORIES AND MOUNTING HARDWARE ARE NOT AVAILABLE WITH RENTALS
DEVICE / DESCRIPTION:	MANUFACTURER:
DEVICE / DESCRIPTION:	MANUFACTURER:
DEVICE / DESCRIPTION:	MANUFACTURER:
DEVICE / DESCRIPTION:	MANUFACTURER:

10. WHEELCHAIR INFORMATION

WILL COMMUNICATION DEVICE BE ATTACHED TO A WHEELCHAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHEELCHAIR MODEL: _____ WHEELCHAIR TUBING (SHAPE, SIZE FOR MOUNT): _____

11. SHIPPING INFORMATION [COMPLETE STREET ADDRESS AND PHONE NUMBER IS REQUIRED]

*****IMPORTANT*****

- A. WE CANNOT SHIP TO A P.O. BOX.
- B. MEDICARE FUNDED DEVICES MUST SHIP TO THE CLIENT'S HOME ADDRESS

ADDRESS: _____	PHONE: () -	EMAIL: _____
CITY: _____	STATE: _____	ZIP: _____

12. FORM COMPLETED BY:

<p>NAME: _____</p> <p style="text-align: center;">[PLEASE PRINT]</p> <p>_____ SIGNATURE</p>	<p>PHONE: () -</p>	<p>DATE: _____</p>
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TALK TO ME TECHNOLOGIES IS REQUIRED TO KEEP A COPY OF ALL DOCUMENTATION ON FILE TO COMPLY WITH STATE AND GOVERNMENT REQUIREMENTS; HOWEVER, A COPY SHOULD BE KEPT BY BOTH THE CLIENT AND THE CLIENT'S CONTACT PERSON.

MAIL COMPLETED FUNDING PACKET TO ADDRESS ON FIRST PAGE



CUSTOMER INFORMATION CHECKLIST

Customer: _____

Equipment: _____

This form is valid for 6 months from date of signature and is to include any/all rentals and/or purchases.

1. Customer Information, Customer Complaints, Customer Rights and Responsibilities (See separate pages.)
2. HIPAA Privacy Notice and Medicare Supplier Standards (See separate pages.)
3. Acceptance of Services
I understand that by signing this agreement, I authorize provision of products and/or services to me by **Talk to Me Technologies**. I also understand that the products and services provided are prescribed by my physician and that it is necessary that I remain under the supervision of my attending physician during the course of my care.
4. Same or Similar Equipment No Yes
If "No" is checked, I acknowledge that I have never received the same or similar equipment within the last five years, as listed above, from another home medical equipment provider. If I have selected "Yes", then I understand my insurance carrier may not cover the named equipment and I may be asked to execute an Advance Beneficiary Notice.
5. Release of Information
I hereby authorize release to **Talk to Me Technologies** any and all of my medical records pertaining to my medical history, services rendered, or treatments received from my physician(s) or hospital. In order to process insurance claims, I also hereby authorize **Talk to Me Technologies** to furnish to my insurance carrier(s), any medical history, services rendered, or treatment needed.
6. Release of School Information (for school aged clients only)
I also authorize release to **Talk to Me Technologies** any and all school/educational history, records and treatment received from _____ (name of school/district).
7. Photographs/Video
I hereby give my permission and authorize **Talk to Me Technologies** the ability to take, use and release any photographs and/or video clips of any or all parts of the evaluation process and/or wheelchair/equipment being used. And I have the right to request cessation of the production or use of the recordings, videos or other images at any time.
8. Assignment of Benefits
I authorize direct payment of insurance benefits by my insurance company to **Talk to Me Technologies**. In the event that my insurance carrier does not accept "assignment of benefits", I understand that payments may be sent directly to me and I am obligated to endorse and directly send such payments to **Talk to Me Technologies** for payment of my bill.
9. Financial Responsibility
I understand that I am responsible to **Talk to Me Technologies** for all charges not covered by my insurance. I recognize that in the event that my insurance company, employer, or any other third party payer refuses to pay the rental and/or purchase price(s) of the above items, or delays payment beyond 90 days of my receipt of items, or in the event that I have no insurance coverage or third party payer, that I will be responsible for said payments and will make prompt reimbursement within 30 days of notification by **Talk to Me Technologies** for all charges.
10. For ALL Medicare clients:
I certify that I **AM NOT** receiving in home or facility based hospice care, skilled nursing or hospital based care. I also understand that if the Medicare part B claim denies due to enrollment in the above listed types of care, I assume full responsibility for the cost of all equipment provided by **Talk to Me Technologies, LLC**.

MY SIGNATURE INDICATES THAT I ACKNOWLEDGE AND UNDERSTAND THE ENTIRE CONTENTS OF THIS DOCUMENT.

Customer: _____

Date: _____

Relation: _____

Reason: _____

OUR MISSION AND PURPOSE

Talk to Me Technologies' mission is to hear our clients 'talking' as quickly as possible with the use of a speech generating device that best suits their needs.

CUSTOMER INFORMATION

Our normal business hours are 9:00 am – 3:30pm., Monday through Friday. A voice message system will answer the Company's phones after normal business hours. However, most services will be performed during normal service hours. If your call is an emergency and cannot wait until normal business hours, it is suggested that the customer or caregiver dial "911" for professional emergency services.

CUSTOMER COMPLAINTS

Any customer who feels his/her rights have been denied, who desires further clarification of rights, or who desires to lodge a complaint or express contentment with any aspect of service or equipment, including concerns about patient safety and the risk of falls, should contact us through our main telephone number, without fear of reprisal by the company or by any of its employees. If the issue cannot be resolved via a telephone call with a customer service representative, the matter will automatically be forwarded to the appropriate manager.

JCAHO INFORMATION

The public may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about a Joint Commission-accredited health care organization by either calling 1/800-994-6610 or emailing complaint@jcaho.org.

CUSTOMER RIGHTS – YOU HAVE THE RIGHT TO:

- Be given timely, appropriate, and quality professional home care services without discrimination.
- Be provided with proper products and services as ordered by a qualified health care professional.
- Receive products in proper operating condition according to the manufacturer's specifications.
- Receive fair treatment, including honoring cultural, spiritual, and personal preferences.
- Request a detailed explanation of your bill for products and services.
- Be communicated with in a way that you can reasonably understand.
- Refuse equipment and services, accepting full responsibility for that refusal.
- Choose your provider of home care services.
- Be assured of confidentiality, to review your records, and to approve or refuse the release of records.
- Have competent and qualified people carry out the services for which they are responsible.
- Voice your grievances and recommend changes without fear of reprisal.
- Report concerns about patient safety without fear of reprisal.
- Be given reasonable notice of discontinuation of service.
- Return any undamaged and properly functioning equipment to Talk to Me Technologies within 30 calendar days of delivery date. Customer assumes return shipping charges. Any equipment payment received will be returned to funding source(s) within 30 days of Talk to Me Technologies' receipt of returned equipment and upon testing for damage and proper function.

CUSTOMER RESPONSIBILITIES – IT IS YOUR RESPONSIBILITY TO:

- Dial "911" whenever a life threatening medical emergency arises.
- Provide complete and accurate information regarding your medical history and billing information.
- Comply with your physician's orders and plan of care.
- Use and care for the equipment provided and not allow use by anyone other than the authorized patient.
- Contact us about any equipment malfunction or defect, and allow our staff to correct the problem.
- Advise us of any changes in your status, including address, medical condition, and billing information.
- Assume payment responsibility for services not covered by your insurance carrier, except when not allowed by law.
- Maintain a safe home environment for the proper utilization of equipment.
- To report to us any concerns about patient safety or occurrences of patient falls.
- Pay for the replacement costs of any equipment damaged, destroyed, or lost due to misuse, abuse, or neglect.

WARRANTY INFORMATION

Every product sold or rented by Talk to Me Technologies carries a one (1) year manufacturer's warranty. Talk to Me Technologies notifies all Medicare beneficiaries of the warranty coverage and we honor all warranties under applicable State law. Talk to Me Technologies will repair or replace, free of charge any Medicare covered item that is under warranty. Any Medicare covered item that is rented to a Medicare beneficiary will be maintained, replaced, or repaired at no charge.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Privacy:

Talk to Me Technologies (TTMT) is dedicated to maintaining the privacy of your healthcare information and we are required by law to maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) obligates Talk to Me Technologies to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. Talk to Me Technologies abides by the terms of the Privacy Notice currently in effect, and reserves the right to revise or amend the notice, as needed.

Your Health Information Rights:

Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the notice of privacy practices;
- Inspect and copy your health care record;
- Obtain an accounting of disclosures of your health information;
- Request confidential communication;
- Amend your healthcare record;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

Talk to Me Technologies is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information by alternative means.

Talk to Me Technologies reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for treatment, payment, and healthcare operations.

HITECH Amendment

Talk to Me Technologies is including HITECH Act provisions to its Notice as follows:

HITECH Notification Requirements

Under HITECH, Talk to Me Technologies is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- (1) Contain a brief description of what happened, including the date of the breach and the date of discovery;
- (2) The steps the individual should take to protect themselves from potential harm resulting from the breach;
- (3) A brief description of what Talk to Me Technologies is doing to investigate the breach, mitigate losses, and to protect against further breaches.

Business Associates

Effective February 2010, Talk to Me Technologies Business Associate Agreements have been amended to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate.

Cash Patients/Clients

HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Access to E-Health Records

HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct Talk to Me Technologies to send the e-health record directly to a third party. Talk to Me Technologies may only charge for labor costs under the new rules.

Accounting of E-Health Records for Treatment, Payment, and Health

Talk to Me Technologies does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require Talk to Me Technologies to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

Examples of Disclosure for Treatment, Payment, and Healthcare Operations:

We will use your health information for treatment. Information obtained by our company will be documented in your healthcare record and will be used to provide you with durable medical equipment and/or supplies. The prescription that your physician has ordered will be part of the record and will determine the equipment and supplies that you receive.

We will use your health information for payment. In order to determine your eligibility for equipment and/or supplies, Talk to Me Technologies may contact your insurance company and disclose healthcare related information. Also, Talk to Me Technologies will bill you or a third-party payer for services that you receive from our company. The health information that identifies you, your diagnosis, equipment, and supplies may be included on this bill.

We will use your health information for healthcare operations. Talk to Me Technologies may use your health information to evaluate the quality of care you receive from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Other Uses or Disclosures:

Business Associates: There are some individuals who are under contract with Talk to Me Technologies and, from time to time, are engaged in the improvement or financial enhancement of our business. So that your health information is protected, however, we require any business associate to appropriately safeguard your information.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Health Oversight Activities: We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.

Worker's Compensation: We may release your health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Warranty Registration: We may provide your name and identifying information to a third party regarding your speech-generating device, in order to properly register the warranty.

For More Information:

Please contact Talk to Me Technologies' Privacy Officer, at 877-392-2299, if you require additional information and/or want to pursue your rights, including:

- Requesting restrictions;
- Inspecting and copying your record;
- Securing an accounting of disclosures;
- Requesting additional disclosures;
- Revoking authorizations at any time;
- Filing a complaint

If you believe your privacy rights have been violated, you may contact our company's Director of Clinical Operations. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). There will be no retaliation for filing a complaint.