

Funding Insurance Verification Form



Complete this form to start the funding process. At submission, attach a copy of front and back of your insurance card(s) and fax to 412-269-0923 or email to acci1@earthlink.net

ACCI Funding Insurance Verification
600 Commerce Drive, Suite 604
Moon Township, PA
USA
15108
Phone: 412 264-6121
Fax: 412 269-0923
www.acciinc.com

Name of person completing this form

First Name:

Last Name:

Phone:

Cell:

E-Mail:

Do you have permission to release information?

Best time to call:

Yes NO

Relationship:

Name of device to be purchased:

Client Information

Client First Name:

Client Last Name:

Date of Birth:

Male Female

Place of Residence

- Home
- Group Home
- Nursing home
- Long term care facility

Has the Client Ever Had a Speech Generating Device Paid For By Insurance?

- Yes
- No

Address

Address:

Phone:

Address 2:

City:

State: Zip Code:

Additional Comments