

How to upload documents

A. When in an application, click **FINAL STEPS**

Client: Fake Packet Status: Sent to Tobii Dynavox

Client Information - Basic Info

Please fill in all the required fields with the patient's details. This information will create the patient profile for the funding application.

Application Type*
Purchase

First Name*
FAKE

Middle Name

Last Name*
PACKeT

Date Of Birth*
mm/dd/yyyy

Invite contacts to collaborate
[Send invitation >](#)

Then click **FILES**

Client: Fake Packet Status: Sent

Final Steps - Files

The following final steps are required before submission:

Upload required documents:

- Doctor's Prescription (our insurance may require these requested for you after you submit your re client information form.)
- Copies of Insurance, Medicaid, or Medicare can
- [State Medicaid forms \(if applicable\)](#)

Please note your insurance may require a presc will work on getting these requested for you aft doctor information in the client information form

Uploaded	Document Type
	Doctor's Prescription *
	Copies of Insurance, Medicaid, or
	State Medicaid Forms *

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Under "Document Name" you can either select a file to upload or drag and drop

- > Client Information
- > SLP Eval
- Final Steps
 - Files ●
 - Signatures ●

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Final Steps - Files

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Upload required documents:

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- Copies of Insurance, Medicaid, or Medicare cards (front and back)
- [State Medicaid forms \(if applicable\)](#)

Please note your insurance may require a prescription and/or other forms ie [state Medicaid forms](#). Our funding team will work on getting these requested for you after you submit your report to them. Please make sure you fill out the doctor information in the client information form.

Uploaded	Document Type
	Doctor's Prescription *
	Copies of Insurance, Medicaid, or Medicare cards (front and back)*
	State Medicaid Forms *

Document Name	Document Type	Upload Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Select Files"/> or drop files here 📎		
If you are an SLP and wish to upload letterhead to be used with your evaluation, upload it below.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Select File"/> or drop file here 📎		

If letterhead use the second upload (select files or drag and drop)

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	Copies of Insurance, Medicaid, or Medicare cards (front and back)*
	State Medicaid Forms *

Document Name	Document Type	Upload Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Select Files"/> or drop files here 📎		
If you are an SLP and wish to upload letterhead to be used with your evaluation, upload it below.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Select File"/> or drop file here 📎		

Save to continue later or next to go to signatures.

Document Name	Document Type	Upload Date
Fillable Physican Prescription_distributed.pdf	Doctors Prescription - RX	01/14/2025

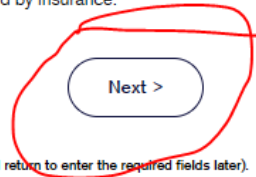
[Select Files](#) or drop files here

If you are an SLP and wish to upload letterhead to be used with your evaluation, upload it below.

[Select File](#) or drop file here

Submit your report:

After submission, the funding team will handle any additional forms or prescriptions required by insurance.



Fields marked with an asterisk * are required for the application to be complete (you can save your progress and return to enter the required fields later).