tobii dynavox

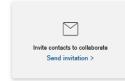
How to upload documents

A. When in an application, click FINAL STEPS

✓ Client Information	Client: Fake Packet Status: Sent to Tobii Dynavox
Besic Info 🥥	Client Information - Basic Info
Fam Contact/Legal Guardian	
Speech Language Pathologist	Please fill in all the required fields with the patient's details. This information will create the patient profile for the funding application.
Treating Physician	Application Type*
Shipping Address	Purchase 🗸
Equipment Recommendation	
Insurance	First Name*
1	FAKE
> SLP Eval	Middle Name
> Final Steps	
	Last Name"
	PACKeT
Invite contacts to collaborate	Date Of Birth*
Send invitation >	mm/dd/yyyy

Then click FILES





Client: Fake Packet Status: Sent



The following final steps are required before su

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 care
 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 Clien	Client: Fake Packet Status: Sent to Tobii Dynavox Final Steps - Files The following final steps are required before submitting. Upload required documents: • Doctor's Prescription (our insurance may require a prescription and/or other 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
Invite contacts to collaborate Send invitation >	client information form.) Copies of Insurance, Mediciaid, 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) $^{\rm w}$
	State Medicaid Forms *
	Document Type Upload Date 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.

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

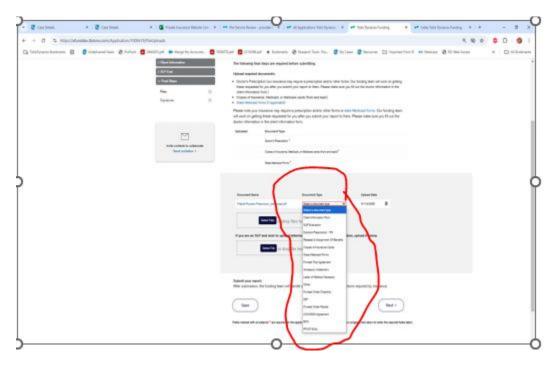
	Client: Fake Pa	Packet Status: Sent to Tobii Dynavox
	Final S	Steps - Files
	The following final :	steps are required before submitting.
	Upload required do	ocuments:
	these requested for client information f Copies of Insurance State Medicaid for Please note your ins	ice, Medicaid, or Medicare cards (front and back)
	doctor information i	in the client information form.
	Uploaded	Document Type
		Doctor's Prescription *
		Copies of Insurance, Medicaid, or Medicare cards (front and back)*
		State Medicald Forms *
	Document Name	Document Type Upload Date
		Refect Fires or drop files here 🕰
$(\subseteq$	If you are an SLP	and wish to upload letterhead to be used with your evaluation, upload it below.
	1	

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SELECT FILES - Grab the document you want to upload from your folder (or drag and drop).. Document will pull into Efunding under document name.

Document Name	Document Type	Upload	Date	
Fillable Physican Prescription_distributed.pdf	Select a document type	01/14/2	025 🛍	Ù
Select Files or drop file	an hora 🔿			
or drop me				
		ation, upload it b	elow.	
f you are an SLP and wish to upload let	terhead to be used with your evalua	ation, upload it b	elow.	

Select your document Type from the drop down menu



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Save to continue later or next to go to signatures.

Document Name	Document Type	Upload Date	
Fillable Physican Prescription_distributed	1.pdf Doctors Prescription - RX V	01/14/2025 🛍	
	drop files here 🕰		
If you are an SLP and wish to u	pload letterhead to be used with your evalu	iation, upload it below.	
Select File OF	drop file here 🚯		
Submit your report:	m will handle any additional forms or prescri	iptions required by insurance.	
After submission, the funding tea			F
After submission, the funding tea			
After submission, the funding tea		Next >	