



***“Creating A Better Tomorrow, Today”***

### **Place of Service Billing Code**

Forbes Rehab Services, Inc. is putting together a funding request for a repair/replacement or new Speech Generating Device for \_\_\_\_\_. Medicare requires that we identify the exact “Place of Service” before billing Medicare. If the beneficiary lives in a private residence then mark code 12 and have signed by the beneficiary, parent/guardian or POA. For a facility, indicate the licensing category for the wing the beneficiary resides in and have signed by a member of the facility’s management.

Please indicate below, what licensing category the above named beneficiary resides in, the name of the facility (if applicable), phone number and the full address:

\_\_\_\_\_ Code 12 – Private Residence

\_\_\_\_\_ Code 31 – Skilled Nursing Facility (SNF)

\_\_\_\_\_ Code 32 – Nursing Facility

\_\_\_\_\_ Code 33 – Custodial Care Facility

\_\_\_\_\_ Code 54 – Intermediate Care Facility/ Mentally Retarded

Facility name (if applicable): \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Full address: \_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature & Title of person completing this form

\_\_\_\_\_  
Date

When completed, please FAX to **1-877-884-9383** or mail this form to FRS, Inc.

**PLEASE INCLUDE CURRENT COPY OF THE CLIENT’S MEDICAID/MEDICARE CARD WITH THE RETURN OF THIS FORM.**

Thank you for your help.

Forbes Rehab Services, Inc.  
Funding Department  
49 South Illinois Avenue  
Mansfield, OH 44905