



85 E Street, South Portland ME 04106

Hearing Insurance Benefits and Coverage

Tailored Hearing provides a service to file the claim as a courtesy to our patient. The patient is responsible for payment of services received if the insurance company does not play the claim. Should the insurance pay us after you have paid the balance we will refund the payment to you as long as there is not an outstanding balance on your account for other services provided within the facility. This amount will be deducted from the refund amount.

Tailored Hearing will contact your insurance to verify benefits and coverage; however there is no guarantee the information given to us by your insurance company is correct. There is no guarantee of payment until the claim is received by your insurance and a review of benefits has been performed. There are several factors that are considered before payment is made such as pre-existing conditions, age, deductibles, co-payments, and other plan specific conditions.

We strongly suggest that you contact your insurance company and verify the benefits as well.

Patients Signature: _____

Audiologist Signature: _____

Insurance Contacted On: _____

Patient Name: _____

Patient DOB: _____

Insured's Name: _____

Insured's DOB: _____

Insurance Company _____

Policy Number _____

Representative Name: _____

Reference #: _____

Primary Secondary Tertiary

Participating Provider: Yes No

In Network Provider: Yes No

Estimated Insurance Benefit? \$ _____

How much of it has been used to date? _____

Is the patient allowed to share in the cost of the device(s) if they chose technology beyond their benefit? Yes No

What is the out of network benefit (if not an in network provider): _____

Is the hearing aid benefit: Monaural Binaural

Benefit Renewal Date: _____

Is benefit applied to usual and customary or allowed amount? Yes No Anticipated write off: \$ _____

Patient Responsibility:

Deductible: _____ Out of Pocket Max: _____ Co-Pay: _____ Co-Insurance: _____

Plan Requirements (check if required)

Prior Authorization Medicare denial Referral Prescription Medical Clearance ENT Only? Y / N

Codes to be billed are they covered? If not, how are uncovered codes handled? _____

Hearing Aid Code(s): _____

Professional Fee Code(s): _____

HA Digital	Mon	HA Digital	Bin
V5254	CIC	V5258	CIC
V5255	ITC	V5259	ITC
V5256	ITE	V5260	ITE
V5257	BTE	V5261	BTE
V5181	Contralat BTE	V5221	Contralat BTE
V5264	Ear mold (per unit)	V5275	Ear impression (per unit)

Hearing Aid Benefits Worksheet

Total Cost of Hearing Aids	\$
-Deductible met to Date	\$
-Out of Pocket Maximum	\$
-Co Pay	\$
-Coinsurance	\$
Remaining Balance	\$

Remaining Balance	\$
-HA Insurance Benefit	\$
Patient Responsibility	\$