

Provider Instructions

By accepting this patient, you are agreeing to provide the patient with a:

- hearing test at no charge to the patient (do not bill the health plan or patient)
- providing one (1) year of service to the patient at no charge once purchased
- accept the outlined service fees indicated on the service fee page (provider portal)

1 Initial Appointment

- Copy the patient's insurance card, front and back.
- Perform a complete hearing evaluation, which includes:
 - a case history, otoscopic exam, air conduction, bone conduction, SRT and SDS, and MCLs.
- Complete the HIPAA release available under the patient's documents:

2 Hearing Aid Candidacy

- Select appropriate instrument from online ordering on the provider portal. (*Hearing aids are updated periodically.*)
- Email a copy of the Audiogram with provider credentials (Name and NPI) to: **faxorders@hearingcaresolutions.com**
or fax HCS (888) 456-3047
- Authorization will be issued within 60 days, if determined to be medically necessary.

If the patient needs custom earmolds for their hearing aids

- Please order directly from your preferred vendor and collect from patient.

Price to Patient not to exceed:

\$60/Earmold For Standard **OR** \$115/Earmold for Encased

3 Online Ordering

- Order hearing aids online, by selecting from the patient's dropdown:
- Scroll to the bottom of the page and select the option to order:
- Complete all fields for the order including Hearing Levels and Speech Audiometry
- Review your order, submit to HCS and save the confirmation number. HCS will review and approve.
- Once payment is collected *if applicable*, HCS sends the order to the manufacturer, **customs excluded**.

4 Scheduling and Delivering

- **Do not** collect payment for the hearing test, hearing aids, accessories or loss & damage claims from the patient. All payments (minus earmolds) will be collected by HCS.

! **Do not deliver hearing aids without authorization from HCS.** Authorization will appear on the provider portal as (To Deliver):

- **At the time of delivery: Please send the signed completed Purchase Agreement (PA) including delivery receipt with delivery date to:**

faxorders@hearingcaresolutions.com or Fax to: (888) 456-3047

Provider Portal

Appointments Listed: Appointments

Patient Details: Appointment Details

Patient Paperwork: Documents

HIPAA Paperwork: HIPAA_Authorization.pdf

Hearing Aids: Hearing Aid Prices

Patient Details: Appointment Details

Patient Paperwork: Documents

Westone Earmold Order Form:

HCS_Westone_Custom_OrderForm.pdf

1. Ordering online: Action

2. Select: Appointment Details

[Click Here to Order Hearing Aids and Accessories for this Patient](#)

3. Fill online form:

4. Save confirmation number:
Your Confirmation Number is:
XXXXXXXXXXXXXXXXXXXX

Review Order: Orders

Order Details

Order Actions: Return Items from this Order
 Service Fees Associated with this Order

Ensure Authorization:

Enter Delivery Date:

Type of Date	Date	
Ordered by Provider or Patient	Wednesday, January 4, 2017	
Date of Expected Delivery	01/09/2017	Save Changes
Patient Fitted - Actual		Save Changes

**HCS Reserves the right to make changes or amend the Provider Instructions as needed

Provider Support Contact:

(877) 583-2842 (7am-6pm MST, Mon through Fri)

*These Provider Instructions and corresponding Approved Hearing Aid Lists supersede any prior versions

Provider Services Email:

providerservices@hearingcaresolutions.com