

AudioNet Claim Worksheet

Patient:	Patient Date of Birth:	
Address:	AudioNet Given ID Number:	
City, State, Zip:	Authorization Number:	
Phone:	ICD-10 Diagnosis Code:	
Gender of Patient:	Male	Female
AudioNet Group (check)		
<input type="checkbox"/> Fiat Chrysler Active Employees	<input type="checkbox"/> Great Lakes Fishery Commission	<input type="checkbox"/> Plumbers & Fitters Local 295 H&W Fund**
<input type="checkbox"/> GM Active Employees	<input type="checkbox"/> Italmatch Chemical	<input type="checkbox"/> Plumbers & Pipefitters Local 123 H&W Fund**
<input type="checkbox"/> Cardinal Carryor Employees**	<input type="checkbox"/> Journeyman & Apprentices of Local 188 H&W Fund**	<input type="checkbox"/> Plumbers & Pipefitters Local 803 H&W Fund**
<input type="checkbox"/> Charter Township of Clinton	<input type="checkbox"/> Macomb Community College**	<input type="checkbox"/> Sheet Metal Workers Local Union No. 20 W&B Fund**
<input type="checkbox"/> Chicago Tile Institute	<input type="checkbox"/> Macomb County Retirees	<input type="checkbox"/> South Dakota Vocational Rehab
<input type="checkbox"/> Circle K	<input type="checkbox"/> Marlette Regional Hospital**	<input type="checkbox"/> Teamsters-Ohio Contractors Assoc H&W Fund
<input type="checkbox"/> City of Spokane, WA**	<input type="checkbox"/> Massachusetts Rehab Commission	<input type="checkbox"/> YKK Dependents**
<input type="checkbox"/> City of Westland Michigan**	<input type="checkbox"/> McKinley Properties	<input type="checkbox"/> YKK Employees**
<input type="checkbox"/> County of Kings, CA**	<input type="checkbox"/> Meridian Complete - Medicaid	<input type="checkbox"/> YKK Tape Craft Corporation**
<input type="checkbox"/> Dawn Foods Employees**	<input type="checkbox"/> Michigan Complete Health	
<input type="checkbox"/> Detroit Manufacturing**	<input type="checkbox"/> National Elevator Industries (NEI)	

Service Facility Information (Must list authorized servicing location)

Audiologist Name:	Audiologist NPI:
Facility Name:	Office NPI:
Facility Address:	Tax ID:
City, State, Zip:	Phone:
Contact Name & Email:	

New Hearing Aid Claim Codes

If code is not checked, it will not be billed.

- V5200 – CROS Dispensing Fee
- V5240 – BiCROS Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee
- S0618 – Audiometry for Hearing Aid Evaluation
- Service Date: _____
- Copy of the signed / dated audiogram must be included when billing this code.
- V5010 – Assessment for Hearing aid
- Service date: _____
- V5020 – Conformity Evaluation

Email required paperwork to: claims@StartHearing.com

If impressions are being sent, DO NOT email paperwork separately. Please put all paperwork in the box with the impressions and send to Starkey – ATTN: Start Hearing

****For this specific group, members MUST pay their hearing aid co-pay BEFORE the order is placed. Provider must call the appropriate phone number to have patient pay directly to AudioNet.**

- Has the patient paid their fee to AudioNet?
_____ YES _____ NO

Providers must call the appropriate AudioNet phone number to obtain the correct ID number and authorization number BEFORE any services are rendered.