

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 Contract (check)																															
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Service Facility Information (Must list authorized servicing location)

Authorized Audiologists Name:	Audiologist's 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 – Bi-Cros Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee
- S0618 – Audiometry for Hearing Aid Evaluation
 - o Service Date: _____
 - o Copy of signed / dated audiogram must be attached when billing this code.
- V5010 – Assessment for Hearing aid
 - o Service date: _____
- V5020 – Conformity Evaluation

Email required paperwork to: claims@starhearing.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.