



AudioNet Contracted Provider Guide

Effective 1/1/2023



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Start Hearing Contact Information

Start Hearing Provider Support 1-888-819-9345

Claims Email claims@starhearing.com

Start Hearing Credentialing Department 1-800-510-4194

Credentialing Email credentialing@starhearing.com

Start Hearing Website www.starhearing.com

Information Requests request@starhearing.com

Provider Forms/Documents www.starhearing.com/downloads

AudioNet America www.audionetamerica.com

Starkey – ATTN: Start Hearing

6700 Washington Ave S

Eden Prairie, MN 55344-3405

WHEN SENDING CUSTOM ORDERS, PLEASE DO NOT EMAIL PAPERWORK UNLESS SCANS ON FILE ARE BEING USED. PLEASE SEND REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.



AudioNet Phone Numbers

Provider must call the appropriate number below for authorizations and payments, when required, before services are rendered.

Auto Workers – Fiat Chrysler Active	586-782-6435
Auto Workers – GM Active	586-239-0242
Cardinal Carryor Employees & Dependents	586-265-5465
Charter Township of Clinton Employees & Retirees.	586-519-0082
Chicago Tile Institute	586-519-0082
Circle K	586-265-5465
City of Spokane, WA	586-265-5465
City of Westland Michigan	586-840-1360
County of Kings, CA	586-265-5465
Dawn Foods Employees & Dependents	586-265-5465
Detroit Manufacturing	586-265-5465
Great Lakes Fishery Commission	586-519-0082
Italmatch Chemical	586-840-1360
Journeymen & Apprentices of Local 188 H&W Fund	586-840-1360
Macomb County Retirees.	586-519-0082
Macomb Community College	586-840-1360
Marlette Regional Hospital	586-265-5465
Massachusetts Rehabilitation Commission	586-250-2731
McKinley Properties	586-519-0082
Meridian Complete – Medicaid.	586-404-4810
Michigan Complete Health.	586-404-4810
National Elevator Industry (NEI)	855-800-7147
Plumbers & Fitters Local 295 H&W Fund.	586-840-1360
Plumbers & Pipefitters Local 123 H&W Fund.	586-265-5465
Plumbers & Fitters Local 803 H&W Fund.	586-840-1360
Sheet Metal Workers Local Union No. 20 W&B Fund.	586-840-1360
Rancho Santiago Community College District Retirees	586-840-1360
South Dakota Vocational Rehab	586-250-2731
Teamsters – Ohio Contractors Association H&W Fund	586-840-1360
YKK Dependent	586-265-5465
YKK Employees	586-840-1360
YKK Tape Craft Corporation	586-265-5465

General Information

NEW starting 5/1/22: Start Hearing will now be collecting patient out-of-pocket amounts for the following AudioNet groups:

- Charter Township of Clinton Retirees
- Great Lakes Fishery Commission
- Italmatch Chemicals
- Macomb County Retirees
- Massachusetts Rehabilitation Commission
- McKinley Properties
- South Dakota Vocational Rehab
- UAW – Chrysler Active
- UAW – GM Active

Payment:

- Payments for the groups listed above will need to be collected at the time of fitting. For payments, please call Start Hearing at 1-800-733-2588 and payment will be processed over the phone.

Authorizations:

- Authorizations are specific to provider and location. The authorized provider must test and fit the patient.
- If one provider tests but another will be fitting the patient, the fitting provider must be added to the current authorization with AudioNet, or a new authorization must be obtained.

Eligibility and co-pay fees:

- Each group has their own out-of-pocket fees which will be collected by Start Hearing or by AudioNet directly.
- *Patients in the below groups MUST pay their co-pay amounts to AudioNet BEFORE the order can be placed:*
 - Cardinal Carryor
 - City of Spokane, WA
 - City of Westland Michigan
 - County of Kings, CA
 - Dawn Foods Employees & Dependents
 - Detroit Manufacturing
 - Journeymen & Apprentices of Local 188 H&W Fund
 - Macomb Community College
 - Marlette Regional Hospital
 - NE Regional Council of Carpenters
 - Plumbers & Fitters Local 295 H&W Fund
 - Plumbers & Pipefitters Local 123 H&W Fund
 - Plumbers & Pipefitters Local 803 H&W Fund
 - Sheet Metal Workers Local Union No. 20 W&B Fund
 - YKK Dependents
 - YKK Employees
 - YKK Tape Craft Corporation

Earmolds and receivers:

- No charge to the patient with the initial order or if ordered within the trial period.
- Replacement earmolds are processed on the provider's commercial account.
 - Patient is charged \$40 per mold.
- Children up to age 3 are covered for 4 replacement earmolds per year at no charge to the patient.
- Children ages 4-7 are covered for 2 replacement earmolds per year at no charge to the patient.

Absolute Power Receivers:

- Covered at no charge to the patient or provider when ordered with new hearing aids or within the trial period.
- Replacement AP's are ordered under the provider's commercial account
 - Patient is responsible for the invoice total.

Hearing aid services:

- Programming, cleaning, adjustments performed within the first 6 months after fitting are no charge to the patient.
- After 6 months, the patient may be charged \$20 per visit.

Repairs:

- Repairs are processed on the provider's commercial account.
- Provider may charge usual and customary rates for out-of-warranty repairs.

L&D replacement:

- These are processed on the Start Hearing account.
- Providers may charge the patient \$150 for one hearing aid or \$250 for two aids.
- An additional \$50 may be charged to the patient if the service takes place after 6 months from the fitting date and a new audiogram is required.
- L&D forms should be emailed to claims@starthearing.com

Returns and exchanges:

- Must be done within the 45-day trial period.
- If hearing aids are returned, the provider may only keep the testing fees (S0618, V5010, V5020).
- Other billed fees must be remitted to Start Hearing and out-of-pocket fees returned to the patient.

Batteries:

- Each hearing aid will ship with 48 complimentary batteries. Additional batteries will be patient responsibility.

Process Overview

The following information pertains to ALL groups under AudioNet. Each contract will have specific information on the following pages.

Evaluations, fittings and follow-up services are required to be performed by a Start Hearing credentialed audiologist or ENT. Authorizations are specific to provider and location. The authorized provider must perform the testing AND fitting. If another provider performs the fitting, provider must contact AudioNet to update the authorization.

There are a few contracts that will allow a credentialed HIS or HAD. Please see specific contract information.

Process Overview

1. Patient will be referred to a Start Hearing network provider by AudioNet.
2. Provider must call AudioNet at the designated number listed on page 4 for the ID and authorization numbers.
3. Provider will send the order and supporting documentation to Start Hearing:
 - **AudioNet Claim Worksheet** or Rehabilitation Authorization forms.
 - **Audiogram** Must be signed and dated by the authorized provider.
 - **Order form:**
 - Standard products (no impressions):
 - o Paperwork can be emailed: ordering-glencoe@starhearing.com
 - **Medical Clearance:** For GM Active – first time hearing aid wearers only
 - **Impressions** when necessary
 - Custom products:
 - o All paperwork must be sent with the impressions to Starkey, ATTN: Start Hearing
 - o Please DO NOT email paperwork that will accompany impressions.
4. Start Hearing will process and ship the order.

5. Provider will fit the patient and complete the Delivery Confirmation form, which must be signed by the authorized provider and patient.
 - Contracts that require the member to pay their out-of-pocket fees directly to AudioNet must do so **BEFORE** the order is placed. Please see specific information under the contract.
6. **Provider will return the completed Delivery Confirmation form to Start Hearing by faxing the form to: 952-995-8884 or by email to: claims@starhearing.com.**

Testing only claim

1. Patient will be referred to a Start Hearing network provider by AudioNet.
2. Provider must call AudioNet at the designated number listed on page 4 for the ID and authorization numbers.
3. Provider will send the supporting documentation to Start Hearing:
 - **AudioNet Claim Worksheet** or Rehabilitation Authorization forms
 - **Audiogram:** Must be signed and dated by the authorized audiologist
4. Start Hearing will set up and bill the claim for testing only.
5. If there is an out-of-pocket amount due for testing (see specific contract information on the following pages), please call Start Hearing at 1-800-733-2588 and payment will be processed over the phone.

AudioNet – Group Specific Information

United Auto Workers (UAW) – GM Active & Fiat Chrysler Active Employees

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$0	\$0	\$0 Monaural \$490 Binaural	\$0 Monaural \$790 Binaural
Start Hearing	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$140 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

**GM Employees require medical clearance.

Cardinal Carryor Employees & Dependents

**This program will allow audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 – CROS \$1900 – BiCROS	N/A – CROS \$2150 – BiCROS	N/A – CROS \$2400 – BiCROS	N/A – CROS \$2550 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Charter Township of Clinton Employees & Retirees

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$0 Monaural \$0 Binaural	\$250 Monaural \$500 Binaural	\$500 Monaural \$1000 Binaural	\$650 Monaural \$1300 Binaural
Start Hearing	\$200 – CROS \$0 – BiCROS	N/A – CROS \$250 – BiCROS	N/A – CROS \$500 – BiCROS	N/A – CROS \$650 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Chicago Tile Institute

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
N/A	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
N/A	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Circle K

**This program will allow audiologists and HIS providers for services and fittings.*

Hearing aid Co-Pay fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
AudioNet	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
AudioNet	\$1200 – CROS \$2000 BiCROS	N/A – CROS \$2250 BiCROS	N/A – CROS \$2500 BiCROS	N/A – CROS \$2650 BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

City of Spokane, WA

**This program will allow audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
AudioNet	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
AudioNet	\$1200 – CROS \$2000 BiCROS	N/A – CROS \$2250 BiCROS	N/A – CROS \$2500 BiCROS	N/A – CROS \$2650 BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

City of Westland Michigan Employees and Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Econ (1000)	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$350 Monaural \$700 Binaural
AudioNet	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

County of Kings, CA

**This program will allow audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
AudioNet	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
AudioNet	\$1200 – CROS \$2000 BiCROS	N/A – CROS \$2250 BiCROS	N/A – CROS \$2500 BiCROS	N/A – CROS \$2650 BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Dawn Foods Employees & Dependents

**This program will allow audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 – CROS \$1900 – BiCROS	N/A – CROS \$2150 – BiCROS	N/A – CROS \$2400 – BiCROS	N/A – CROS \$2550 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Detroit Manufacturing

**This program will allow audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 – CROS \$1900 – BiCROS	N/A – CROS \$2150 – BiCROS	N/A – CROS \$2400 – BiCROS	N/A – CROS \$2550 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Great Lakes Fishery Commission

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$0 Monaural \$50 Binaural	\$0 Monaural \$550 Binaural	\$0 Monaural \$1050 Binaural	\$0 Monaural \$1350 Binaural
Start Hearing	\$0 – CROS \$50 – BiCROS	N/A – CROS \$300 – BiCROS	N/A – CROS \$550 – BiCROS	N/A – CROS \$700 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Italmatch Chemical

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$0 Monaural \$0 Binaural	\$250 Monaural \$500 Binaural	\$500 Monaural \$1000 Binaural	\$650 Monaural \$1300 Binaural
Start Hearing	\$0 – CROS \$0 – BiCROS	N/A – CROS \$250 – BiCROS	N/A – CROS \$500 – BiCROS	N/A – CROS \$650 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Journeyman & Apprentices of Local 188 H&W Fund Members and Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Econ (1000)	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$50 Monaural \$1050 Binaural	\$330 Monaural \$1610 Binaural	\$610 Monaural \$2170 Binaural	\$880 Monaural \$2710 Binaural	\$1230 Monaural \$3410 Binaural
AudioNet	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Macomb County Retirees

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$100 Monaural \$150 Binaural	\$350 Monaural \$650 Binaural	\$600 Monaural \$1150 Binaural	\$750 Monaural \$1450 Binaural
Start Hearing	\$100 – CROS \$150 – BiCROS	N/A – CROS \$400 – BiCROS	N/A – CROS \$650 – BiCROS	N/A – CROS \$800 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Macomb Community College Employees and Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Econ (1000)	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$50 Monaural \$50 Binaural	\$330 Monaural \$610 Binaural	\$610 Monaural \$1170 Binaural	\$880 Monaural \$1710 Binaural	\$1230 Monaural \$2410 Binaural
AudioNet	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Marlette Regional Hospital

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 – CROS \$1900 – BiCROS	N/A – CROS \$2150 – BiCROS	N/A – CROS \$2400 – BiCROS	N/A – CROS \$2550 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Massachusetts Rehabilitation Commission

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural
Start Hearing	TBD – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

****Out-of-pocket amounts are not standard and are specific to Massachusetts Rehabilitation Commission. AudioNet will advise the total dollar amount to collect from the patient at the time the authorization number is issued.**

McKinley Properties

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50 Monaural \$50 Binaural	\$300 Monaural \$550 Binaural	\$550 Monaural \$1050 Binaural	\$700 Monaural \$1350 Binaural
Start Hearing	\$250 – CROS \$50 – BiCROS	N/A – CROS \$300 – BiCROS	N/A – CROS \$550 – BiCROS	N/A – CROS \$700 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Meridian Complete - Medicaid

Patients are eligible for replacement hearing aids every 60 months (5 years).

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
N/A	\$0 Monaural \$0 Binaural	Not Available	Not Available	Not Available
N/A	\$0 – CROS	Not Available	Not Available	Not Available
Warranty	5 Year	N/A	N/A	N/A

*BiCROS is not available on this limited contract.

Michigan Complete Health

Patients are eligible for replacement hearing aids every 60 months (5 years).

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
N/A	\$0 Monaural \$0 Binaural	Not Available	Not Available	Not Available
N/A	\$0 – CROS	Not Available	Not Available	Not Available
Warranty	5 Year	N/A	N/A	N/A

*BiCROS is not available on this limited contract.

National Elevator Industry (NEI)

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
N/A	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
N/A	\$0 – CROS \$0 – BiCROS	\$0 – CROS \$0 – BiCROS	\$0 – CROS \$0 – BiCROS	\$0 – CROS \$0 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Plumbers & Fitters Local 295 H&W Fund Members and Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Econ (1000)	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$96 Monaural \$182 Binaural	\$446 Monaural \$882 Binaural
AudioNet	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Plumbers & Pipefitters Local 123 H&W Fund Members and Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Econ (1000)	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1230 Monaural \$2460 Binaural	\$1510 Monaural \$3020 Binaural	\$1780 Monaural \$3560 Binaural	\$2130 Monaural \$4260 Binaural
AudioNet	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Plumbers & Pipefitters Local 803 H&W Fund Members and Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Econ (1000)	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$96 Monaural \$182 Binaural	\$446 Monaural \$882 Binaural
AudioNet	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Sheet Metal Workers Local Union No. 20 W&B Fund Members and Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Econ (1000)	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$96 Monaural \$182 Binaural	\$446 Monaural \$882 Binaural
AudioNet	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS	\$TBD – CROS \$TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

South Dakota Vocational Rehab

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural
Start Hearing	TBD – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

*****Out-of-pocket amounts are not standard and are specific to each South Dakota Vocational Rehab patient. AudioNet will advise the total dollar amount to collect from the patient at the time the second authorization number is issued.***

Teamsters – Ohio Contractors Association Health & Welfare Fund

*This program will allow audiologists and HIS providers for services and fittings.

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
N/A	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
N/A	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

YKK Dependents

*This program will allow credentialed audiologists and HIS providers for services and fittings.

Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 – CROS \$1750 – BiCROS	N/A – CROS \$2000 – BiCROS	N/A – CROS \$2250 – BiCROS	N/A – CROS \$2400 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

YKK Employees

**This program will allow credentialed audiologists and HIS providers for services and fittings.*

*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$850 Monaural \$1650 Binaural	\$1100 Monaural \$2150 Binaural	\$1350 Monaural \$2650 Binaural	\$1500 Monaural \$2950 Binaural
AudioNet	\$1050 – CROS \$1650 – BiCROS	N/A – CROS \$1900 – BiCROS	N/A – CROS \$2150 – BiCROS	N/A – CROS \$2300 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

YKK Tape Craft Corporation Employees & Dependents

**This program will allow credentialed audiologists and HIS providers for services and fittings.*



*Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE** the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1050 – CROS \$1750 – BiCROS	N/A – CROS \$2000 – BiCROS	N/A – CROS \$2250 – BiCROS	N/A – CROS \$2400 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Available Products Under The Following Current Groups:

1. United Auto Workers Active Employees (UAW)
2. Cardinal Carryor Employees & Dependents
3. Charter Township of Clinton Employees & Retirees
4. Chicago Tile Institute
5. Circle K
6. City of Spokane, WA
7. County of Kings, CA
8. Dawn Foods Employees & Dependents
9. Detroit Manufacturing Employees & Dependents
10. Great Lakes Fishery Commission
11. Italmatch Chemical
12. Macomb County Retirees
13. Marlette Regional Hospital
14. Massachusetts Rehabilitation Commission
15. McKinley Properties
16. National Elevator Industry (NEI)
17. Rancho Santiago Community College District Retirees
18. South Dakota Vocational Rehab
19. Teamsters – Ohio Contractors Association H&W Fund
20. YKK Dependents
21. YKK Employees
22. YKK Tape Craft Corporation Employees & Dependents



				
Premium – 2400	Evolv AI 2400 ITE Rechargeable Evolv AI 2400 HS Rechargeable Evolv AI 2400 ITC Rechargeable Evolv AI 2400 RIC Rechargeable* Evolv AI 2400 BTE Rechargeable Picasso i2400 ITC Picasso I2400 ITE	Evolv AI 2400 CIC Evolv AI 2400 NW CIC 312 Evolv AI 2400 NW CIC 10 Evolv AI 2400 NW IIC 10 Evolv AI 2400 BTE 13* Evolv AI 2400 BTE 13 Power Plus Evolv AI 2400 mRIC 312 Evolv AI 2400 RIC 312*	Arc AI 2400 ITE Rechargeable Arc AI 2400 ITC Rechargeable Arc AI 2400 RIC Rechargeable* Arc AI 2400 BTE Rechargeable Davinci i2400 ITC Davinci i2400 ITE	Arc AI 2400 CIC Arc AI 2400 NW CIC 312 Arc AI 2400 NW CIC 10 Arc AI 2400 NW IIC 10 Arc AI 2400 BTE 13* Arc AI 2400 BTE 13 Power Plus Arc AI 2400 mRIC 312 Arc AI 2400 RIC 312*
Advanced – 2000	Evolv AI 2000 ITE Rechargeable Evolv AI 2000 HS Rechargeable Evolv AI 2000 ITC Rechargeable Evolv AI 2000 RIC Rechargeable* Evolv AI 2000 BTE Rechargeable Picasso i2000 ITC Picasso I2000 ITE	Evolv AI 2000 CIC Evolv AI 2000 NW CIC 312 Evolv AI 2000 NW CIC 10 Evolv AI 2000 BTE 13* Evolv AI 2000 BTE 13 Power Plus Evolv AI 2000 mRIC 312 Evolv AI 2000 RIC 312*	Arc AI 2000 ITE Rechargeable Arc AI 2000 ITC Rechargeable Arc AI 2000 RIC Rechargeable* Arc AI 2.00 BTE Rechargeable Davinci i2000 ITC Davinci i2000 ITE	Arc AI 2000 CIC Arc AI 2000 NW CIC 312 Arc AI 2000 NW CIC 10 Arc AI 2000 BTE 13* Arc AI 2000 BTE 13 Power Plus Arc AI 2000 mRIC 312 Arc AI 2000 RIC 312*
Select – 1600	Evolv AI 1600 ITE Rechargeable Evolv AI 1600 HS Rechargeable Evolv AI 1600 ITC Rechargeable Evolv AI 1600 RIC Rechargeable* Evolv AI 1600 BTE Rechargeable Picasso i1600 ITC Picasso I1600 ITE	Evolv AI 1600 CIC Evolv AI 1600 NW CIC 312 Evolv AI 1600 NW CIC 10 Evolv AI 1600 BTE 13* Evolv AI 1600 BTE 13 Power Plus Evolv AI 1600 mRIC 312 Evolv AI 1600 RIC 312*	Arc AI 1600 ITE Rechargeable Arc AI 1600 ITC Rechargeable Arc AI 1600 RIC Rechargeable* Arc AI 1600 BTE Rechargeable Davinci i1600 ITC Davinci i1600 ITE	Arc AI 1600 CIC Arc AI 1600 NW CIC 312 Arc AI 1600 NW CIC 10 Arc AI 1600 BTE 13* Arc AI 1600 BTE 13 Power Plus Arc AI 1600 mRIC 312 Arc AI 1600 RIC 312*
Low – 1200	Evolv AI 1200 ITE Rechargeable Evolv AI 1200 HS Rechargeable Evolv AI 1200 ITC Rechargeable Evolv AI 1200 RIC Rechargeable* Evolv AI 1200 BTE Rechargeable Picasso i1200 ITC Picasso I1200 ITE	Evolv AI 1200 CIC Evolv AI 1200 NW CIC 312 Evolv AI 1200 NW CIC 10 Evolv AI 1200 BTE 13* Evolv AI 1200 BTE 13 Power Plus Evolv AI 1200 mRIC 312 Evolv AI 1200 RIC 312*	Arc AI 1200 ITE Rechargeable Arc AI 1200 ITC Rechargeable Arc AI 1200 RIC Rechargeable* Arc AI 1200 BTE Rechargeable Davinci i1200 ITC Davinci i1200 ITE	Arc AI 1200 CIC Arc AI 1200 NW CIC 312 Arc AI 1200 NW CIC 10 Arc AI 1200 BTE 13* Arc AI 1200 BTE 13 Power Plus Arc AI 1200 mRIC 312 Arc AI 1200 RIC 312*

***Available in CROS/BiCROS NOTE: Half Shell is not available for Audibel.
 Accessories are NOT covered through AudioNet.**





Available Products for the Following New Groups as of 1/1/23:

1. City of Westland Michigan
2. Journeymen & Apprentices of Local 188 H&W Fund
3. Macomb Community College
4. Plumbers & Fitters Local 295 H&W Fund
5. Plumbers & Pipefitters Local 123 H&W Fund
6. Plumbers & Pipefitters Local 803 H&W Fund
7. Sheet Metal Workers Local Union No. 20 W&B Fund

				
Premium - 2400	Evolv AI 2400 ITE Rechargeable Evolv AI 2400 HS Rechargeable Evolv AI 2400 ITC Rechargeable Evolv AI 2400 RIC Rechargeable* Evolv AI 2400 BTE Rechargeable Picasso i2400 ITC Picasso I2400 ITE	Evolv AI 2400 CIC Evolv AI 2400 NW CIC 312 Evolv AI 2400 NW CIC 10 Evolv AI 2400 NW IIC 10 Evolv AI 2400 BTE 13* Evolv AI 2400 BTE 13 Power Plus Evolv AI 2400 mRIC 312 Evolv AI 2400 RIC 312*	Arc AI 2400 ITE Rechargeable Arc AI 2400 ITC Rechargeable Arc AI 2400 RIC Rechargeable* Arc AI 2400 BTE Rechargeable Davinci i2400 ITC Davinci i2400 ITE	Arc AI 2400 CIC Arc AI 2400 NW CIC 312 Arc AI 2400 NW CIC 10 Arc AI 2400 NW IIC 10 Arc AI 2400 BTE 13* Arc AI 2400 BTE 13 Power Plus Arc AI 2400 mRIC 312 Arc AI 2400 RIC 312*
Advanced - 2000	Evolv AI 2000 ITE Rechargeable Evolv AI 2000 HS Rechargeable Evolv AI 2000 ITC Rechargeable Evolv AI 2000 RIC Rechargeable* Evolv AI 2000 BTE Rechargeable Picasso i2000 ITC Picasso I2000 ITE	Evolv AI 2000 CIC Evolv AI 2000 NW CIC 312 Evolv AI 2000 NW CIC 10 Evolv AI 2000 BTE 13* Evolv AI 2000 BTE 13 Power Plus Evolv AI 2000 mRIC 312 Evolv AI 2000 RIC 312*	Arc AI 2000 ITE Rechargeable Arc AI 2000 ITC Rechargeable Arc AI 2000 RIC Rechargeable* Arc AI 2.00 BTE Rechargeable Davinci i2000 ITC Davinci i2000 ITE	Arc AI 2000 CIC Arc AI 2000 NW CIC 312 Arc AI 2000 NW CIC 10 Arc AI 2000 BTE 13* Arc AI 2000 BTE 13 Power Plus Arc AI 2000 mRIC 312 Arc AI 2000 RIC 312*
Select - 1600	Evolv AI 1600 ITE Rechargeable Evolv AI 1600 HS Rechargeable Evolv AI 1600 ITC Rechargeable Evolv AI 1600 RIC Rechargeable* Evolv AI 1600 BTE Rechargeable Picasso i1600 ITC Picasso I1600 ITE	Evolv AI 1600 CIC Evolv AI 1600 NW CIC 312 Evolv AI 1600 NW CIC 10 Evolv AI 1600 BTE 13* Evolv AI 1600 BTE 13 Power Plus Evolv AI 1600 mRIC 312 Evolv AI 1600 RIC 312*	Arc AI 1600 ITE Rechargeable Arc AI 1600 ITC Rechargeable Arc AI 1600 RIC Rechargeable* Arc AI 1600 BTE Rechargeable Davinci i1600 ITC Davinci i1600 ITE	Arc AI 1600 CIC Arc AI 1600 NW CIC 312 Arc AI 1600 NW CIC 10 Arc AI 1600 BTE 13* Arc AI 1600 BTE 13 Power Plus Arc AI 1600 mRIC 312 Arc AI 1600 RIC 312*
Low - 1200	Evolv AI 1200 ITE Rechargeable Evolv AI 1200 HS Rechargeable Evolv AI 1200 ITC Rechargeable Evolv AI 1200 RIC Rechargeable* Evolv AI 1200 BTE Rechargeable Picasso i1200 ITC Picasso I1200 ITE	Evolv AI 1200 CIC Evolv AI 1200 NW CIC 312 Evolv AI 1200 NW CIC 10 Evolv AI 1200 BTE 13* Evolv AI 1200 BTE 13 Power Plus Evolv AI 1200 mRIC 312 Evolv AI 1200 RIC 312*	Arc AI 1600 ITE Rechargeable Arc AI 1600 ITC Rechargeable Arc AI 1600 RIC Rechargeable* Arc AI 1600 BTE Rechargeable Davinci i1600 ITC Davinci i1600 ITE	Arc AI 1600 CIC Arc AI 1600 NW CIC 312 Arc AI 1600 NW CIC 10 Arc AI 1600 BTE 13* Arc AI 1600 BTE 13 Power Plus Arc AI 1600 mRIC 312 Arc AI 1600 RIC 312*

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Available Products for All New Groups Starting 1/1/23 (continued)



				
Economy - 1000	Evolv AI 1000 ITE Rechargeable Evolv AI 1000 HS Rechargeable Evolv AI 1000 ITC Rechargeable Evolv AI 1000 RIC Rechargeable* Evolv AI 1000 BTE Rechargeable Picasso i1000 ITC Picasso i1000 ITE	Evolv AI 1000 CIC Evolv AI 1000 NW CIC 312 Evolv AI 1000 NW CIC 10 Evolv AI 1000 BTE 13* Evolv AI 1000 BTE 13 Power Plus Evolv AI 1000 mRIC 312 Evolv AI 1000 RIC 312*	Arc AI 1000 ITE Rechargeable Arc AI 1000 ITC Rechargeable Arc AI 1000 RIC Rechargeable* Arc AI 1000 BTE Rechargeable Davinci i1000 ITC Davinci i1000 ITE	Arc AI 1000 CIC Arc AI 1000 NW CIC 312 Arc AI 1000 NW CIC 10 Arc AI 1000 BTE 13* Arc AI 1000 BTE 13 Power Plus Arc AI 1000 mRIC 312 Arc AI 1000 RIC 312*

****Available in CROS only. BiCROS is not available for these contracts.
Accessories are NOT covered through AudioNet.***

Products for the following group are limited to the Low technology hearing aids:

- Meridian Complete - Medicaid
- Michigan Complete Health

Available Products – Limited Groups

		
Low – 1200	Evolv AI 1200 ITE Rechargeable Evolv AI 1200 HS Rechargeable Evolv AI 1200 ITC Rechargeable Evolv AI 1200 RIC Rechargeable* Evolv AI 1200 BTE Rechargeable Evolv AI 1200 CIC Evolv AI 1200 NW CIC 312 Evolv AI 1200 NW CIC 10 Evolv AI 1200 BTE 13* Evolv AI 1200 BTE 13 Power Plus Evolv AI 1200 mRIC 312 Evolv AI 1200 RIC 312* Picasso i1200 ITC Picasso i1200 ITE	Arc AI 1200 ITE Rechargeable Arc AI 1200 ITC Rechargeable Arc AI 1200 RIC Rechargeable* Arc AI 1200 BTE Rechargeable Arc AI 1200 CIC Arc AI 1200 NW CIC 312 Arc AI 1200 NW CIC 10 Arc AI 1200 BTE 13* Arc AI 1200 BTE 13 Power Plus Arc AI 1200 mRIC 312 Arc AI 1200 RIC 312* Davinci i1200 ITC Davinci i1200 ITE

****Available in CROS only. BiCROS is not available for these contracts.
Accessories are NOT covered through AudioNet.***

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.



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