

# AudioNet Contracted Provider Guide

Effective 5/1/2022



[www.starthearing.com](http://www.starthearing.com)

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## Start Hearing Contact Information

START HEARING CUSTOMER SERVICE.....1-800-769-0913

CLAIMS EMAIL ADDRESS .....[CLAIMS@STARTHEARING.COM](mailto:CLAIMS@STARTHEARING.COM)

START HEARING CREDENTIALING DEPARTMENT .....1-800-510-4194

CREDENTIALING EMAIL ADDRESS.....[CREDENTIALING@STARTHEARING.COM](mailto:CREDENTIALING@STARTHEARING.COM)

START HEARING WEBSITE..... [WWW.STARTHEARING.COM](http://WWW.STARTHEARING.COM)

INFORMATION REQUESTS ..... [INFO@STARTHEARING.COM](mailto:INFO@STARTHEARING.COM)

PROVIDER FORMS / DOCUMENTS ..... [WWW.STARTHEARING.COM/DOWNLOADS](http://WWW.STARTHEARING.COM/DOWNLOADS)

AUDIONET AMERICA..... [WWW.AUDIONETAMERICA.COM](http://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 – CHRYSLER ACTIVE.....	586-782-6435
AUTO WORKERS – GM ACTIVE .....	586-239-0242
CARDINAL CARRYOR EMPLOYEES & DEPENDENTS .....	586-265-5465
CARPENTERS HEALTH & WELFARE FUND OF PHILADELPHIA.....	586-519-0082
• CARPENTERS HEALTH & WELFARE FUND OF PHILADELPHIA PAYMENTS .....	586-276-7630
CHARTER TOWNSHIP OF CLINTON EMPLOYEES & RETIREES.....	586-519-0082
CHICAGO TILE INSTITUTE.....	586-519-0082
CIRCLE K .....	586-265-5465
CITY OF SPOKANE, WA (AUTHORIZATIONS AND PAYMENTS) .....	586-265-5465
COUNTY OF KINGS, CA (AUTHORIZATIONS AND PAYMENTS).....	586-265-5465
DAWN FOODS EMPLOYEES & DEPENDENTS (AUTHORIZATIONS AND PAYMENTS) .....	586-265-5465
DETROIT MANUFACTURING.....	586-265-5465
GEISINGER GOLD – D-SNP – MEDICAID .....	570-290-8550
GEISINGER GOLD – MEDICARE ADVANTAGE.....	570-290-8550
GREAT LAKES FISHERY COMMISSION .....	586-519-0082
ITALMATCH CHEMICALS.....	586-840-1360
MACOMB COUNTY RETIREES.....	586-519-0082
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
NORTHEAST REGIONAL COUNCIL OF CARPENTERS (AUTHORIZATIONS AND PAYMENTS) .....	586-519-0082
SOUTH DAKOTA VOCATIONAL REHAB.....	586-250-2731
TEAMSTERS – OHIO CONTRACTORS ASSOCIATION H&W FUND .....	586-840-1360
YKK DEPENDENTS.....	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
  - Geisinger Gold – Medicare Advantage
  - 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 Form:**
  - Payments for the groups listed above will need to be collected at the time of fitting. Please complete the payment form (page 21) and fax to Start Hearing at 952-995-8884.
  - If patients would like to pay Start Hearing over the phone, please call: 1-800-733-2588
- **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
    - Carpenters H&W Fund of Philadelphia
    - City of Spokane, WA
    - County of Kings, CA
    - Dawn Foods Employees & Dependents
    - Detroit Manufacturing
    - Marlette Regional Hospital
    - NE Regional Council of Carpenters
    - 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](mailto: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 for NEI members:**
  - Members receive a 3-year supply of batteries from Start Hearing.
  - First year supply will be sent directly to the patient after Confirmation of Delivery Document is received.
  - Patient will receive instructions on how to order 2<sup>nd</sup> and 3<sup>rd</sup> year supply one year after fitting date.
- **Batteries for all other groups:**
  - Each hearing aid will ship with 48 complimentary batteries. Additional batteries will be patient responsibility.

## PROCESS OVERVIEW

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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):
      - Paperwork can be emailed: [claims@starhearing.com](mailto:claims@starhearing.com)
  - **Medical Clearance:** For GM Active – first time hearing aid wearers only
  - **Impressions** when necessary
    - Custom products:
      - All paperwork must be sent with the impressions to Starkey, ATTN: Start Hearing
      - 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 fill out the patient payment form for any out-of-pocket fees.
  - 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 fitting confirmation form and patient payment form, when required, to Start Hearing by faxing the forms to: 952-995-8884**
  - **IF the patient would like to pay over the phone, please call Start Hearing on the day of fitting:**
    - 1-800-733-2588

### 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 5 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
  - **Patient Payment Authorization form:** When required
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) fill out the patient payment authorization form and send with your paperwork.

## 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	Cros – N/A \$2150 – BiCROS	Cros – N/A \$2400 – BiCROS	Cros – N/A \$2550 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

### Carpenters Health & Welfare Fund of Philadelphia

**Out of pocket fees must be paid directly to AudioNet before the order is placed.**

Patients are eligible for replacement hearing aids every 24 months.

Out of Pocket Fees Collected by:	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
AudioNet	\$450 Monaural \$850 Binaural	\$700 Monaural \$1350 Binaural	\$950 Monaural \$1850 Binaural	\$1100 Monaural \$2150 Binaural
AudioNet	\$650 – Cros \$850 – BiCROS	Cros – N/A \$1100 – BiCROS	Cros – N/A \$1350 – BiCROS	Cros – N/A \$1500 – BiCROS
Warranty	2 Year	2 Year	2 Year	2 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	Cros – N/A \$250 – BiCROS	Cros – N/A \$500 – BiCROS	Cros – N/A \$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

## 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

## Geisinger Gold – D-SNP – Medicaid

**\*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

## Geisinger Gold – Medicare Advantage

**\*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)
Start Hearing	\$500 Monaural \$1000 Binaural	\$500 Monaural \$1000 Binaural	\$500 Monaural \$1000 Binaural	\$500 Monaural \$1000 Binaural
Start Hearing	\$500 – Cros \$500 – BiCROS	N/A – Cros \$500 – BiCROS	N/A – Cros \$500 – BiCROS	N/A – Cros \$500 – 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

## 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

## 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)
<b>Start Hearing</b>	\$50 Monaural \$50 Binaural	\$300 Monaural \$550 Binaural	\$550 Monaural \$1050 Binaural	\$700 Monaural \$1350 Binaural
<b>Start Hearing</b>	\$250 – Cros \$50 – BiCROS	N/A – Cros \$300 – BiCROS	N/A – Cros \$550 – BiCROS	N/A – Cros \$700 – BiCROS
<b>Warranty</b>	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)
<b>N/A</b>	\$0 Monaural \$0 Binaural	Not Available	Not Available	Not Available
<b>N/A</b>	\$0 – Cros	Not Available	Not Available	Not Available
<b>Warranty</b>	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)
<b>N/A</b>	\$0 Monaural \$0 Binaural	Not Available	Not Available	Not Available
<b>N/A</b>	\$0 – Cros	Not Available	Not Available	Not Available
<b>Warranty</b>	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)
<b>N/A</b>	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
<b>N/A</b>	\$0 – Cros \$0 – BiCROS	N/A – Cros \$0 – BiCROS	N/A – Cros \$0 – BiCROS	N/A – Cros \$0 – BiCROS
<b>Warranty</b>	3 Year	3 Year	3 Year	3 Year

## Northeast Regional Council of Carpenters

**\*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)
<b>Start Hearing</b>	\$50	\$50	\$50	\$50
<b>AudioNet</b>	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
<b>AudioNet</b>	\$1200 – Cros \$2000 – BiCROS	N/A – Cros \$2250 – BiCROS	N/A – Cros \$2500 – BiCROS	N/A – Cros \$2650 – BiCROS
<b>Warranty</b>	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)
<b>Start Hearing</b>	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural
<b>Start Hearing</b>	TBD – Cros TBD – BiCROS	N/A – Cros TBD – BiCROS	N/A – Cros TBD – BiCROS	N/A – Cros TBD – BiCROS
<b>Warranty</b>	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)
<b>N/A</b>	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
<b>N/A</b>	\$0 – Cros \$0 – BiCROS	N/A – Cros \$0 – BiCROS	N/A – Cros \$0 – BiCROS	N/A – Cros \$0 – BiCROS
<b>Warranty</b>	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	\$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

## 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 – Current Groups

				
<b>Premium – 2400</b>	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*
<b>Advanced – 2000</b>	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 2000 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*
<b>Select – 1600</b>	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*
<b>Low – 1200</b>	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 all new groups starting 5/1/22

				
<b>Premium - 2400</b>	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*
<b>Advanced - 2000</b>	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*
<b>Select - 1600</b>	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*

Continued on next page...

Available Products for all new groups starting 5/1/22 (continued)

				
<b>Select - 1600</b>	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*
<b>Select - 1000</b>	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/BICROS



**NOTE: Half Shell is not available for Audibel**

**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**

		
<b>Low – 1200</b>	<p>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</p>	<p>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</p>

**\*Available in CROS only. BICROS is not available for these contracts**

**Accessories are NOT covered through AudioNet.**

## AudioNet Claim Worksheet

<b>Patient:</b>	<b>Patient Date of Birth:</b>
<b>Address:</b>	<b>AudioNet Given ID Number:</b>
<b>City, State, Zip:</b>	<b>Authorization Number:</b>
<b>Phone:</b>	<b>ICD-10 Diagnosis Code:</b>
<b>Gender of Patient:</b> <b>Male</b> <b>Female</b>	

### AudioNet Group (check)

<input type="checkbox"/> Fiat Chrysler Active Employees	<input type="checkbox"/> <b>Detroit Manufacturing**</b>	<input type="checkbox"/> Meridian Complete - Medicaid
<input type="checkbox"/> GM Active Employees	<input type="checkbox"/> Great Lakes Fishery Commission	<input type="checkbox"/> Michigan Complete Health
<input type="checkbox"/> <b>Cardinal Carryor Employees**</b>	<input type="checkbox"/> Geisinger Gold – DSNP	<input type="checkbox"/> National Elevator Industries (NEI)
<input type="checkbox"/> <b>Carpenters H&amp;W Fund**</b>	<input type="checkbox"/> Geisinger Gold – Medicare Advantage	<input type="checkbox"/> <b>Northeast Regional Council of Carpenters**</b>
<input type="checkbox"/> Charter Township of Clinton	<input type="checkbox"/> Italmatch Chemical	<input type="checkbox"/> Rancho Santiago Community College Dist.
<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"/> <b>Marlette Regional Hospital**</b>	<input type="checkbox"/> Teamsters–Ohio Contractors Assoc H&W Fund
<input type="checkbox"/> <b>City of Spokane, WA**</b>	<input type="checkbox"/> Massachusetts Rehab Commission	<input type="checkbox"/> <b>YKK Dependents**</b>
<input type="checkbox"/> <b>County of Kings, CA**</b>	<input type="checkbox"/> Massachusetts Rehab Commission	<input type="checkbox"/> <b>YKK Employees**</b>
<input type="checkbox"/> <b>Dawn Foods Employees**</b>	<input type="checkbox"/> McKinley Properties	<input type="checkbox"/> <b>YKK Tape Craft Corporation**</b>

### Service Facility Information (Must list authorized servicing location)

<b>Audiologists Name:</b>	<b>Audiologists NPI:</b>
<b>Facility Name:</b>	<b>Office NPI:</b>
<b>Facility Address:</b>	<b>Tax ID:</b>
<b>City, State, Zip</b>	<b>Phone:</b>
<b>Contact Name &amp; Email:</b>	

#### 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 the signed / dated audiogram must be included when billing this code.
- V5010 – Assessment for Hearing aid
  - o Service date: \_\_\_\_\_
- V5020 – Conformity Evaluation

Email required paperwork to: [claims@starhearing.com](mailto: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.**

### Patient Payment Authorization (Credit Card & Check Only)

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Insurance name / group: \_\_\_\_\_

Date of Service: \_\_\_\_\_

#### Payment Information

Payment Type:  Credit Card – Visa, Mastercard, AMEX or Discover  Check #: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CCV (3-digit code): \_\_\_\_\_ Cardholder Zip code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I, \_\_\_\_\_, authorize Start Hearing, to charge my credit card and/or check payment indicated below for the products and/or services provided to me. I understand all information provided to Start Hearing will remain confidential.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_