

## Hearing Instrument Delivery Confirmation

Whereas both parties acknowledge and confirm delivery and fitting of the hearing instrument(s) described below has been made. Provider also confirms that the described hearing aid(s) has been fitted to the patient to the best of their ability. Patient acknowledges receipt and possession of described hearing aid(s)

**Please check appropriate Start Hearing Contract:**

**AudioNet**

- Fiat Chrysler Active
- GM Active
- Cardinal Carryor Emp. & Dep.
- Carpenters H&W Fund
- Charter Township of Clinton
- Chicago Tile Institute
- Circle K
- City of Spokane, WA
- County of Kings, CA
- Dawn Foods Employees / Dep.
- Geisinger Gold – DNSP
- Geisinger Gold – Med. Adv.
- Great Lakes Fishery Comm.
- Italmatch Chemical
- Macomb County Retirees
- Marlette Regional Hospital

**AudioNet Cont.**

- Mass. Rehab. Commission
- McKinley Properties
- Meridian Complete – Medicaid
- MI Complete Health
- National Elevator Ind. (NEI)
- NE Reg. Council of Carpenters
- Rancho Santiago Comm. College
- SD Vocational Rehab
- Teamsters – OH Contractors Assoc. H&W Fund

**Electric Boat**

- Electric Boat Insurance
- Electric Boat Work Comp

**Coal Contracts**

- Arch Coal
- Consol Energy
- Peabody BCBS
- Peabody UMR
- UMWA
- VEBA

**Workers Comp**

- AHP
- HRS
- MSQ
- OCCM

**Hearing aid Make / Model:** \_\_\_\_\_

**Serial Number:** \_\_\_\_\_  
*Left Side* *Right Side*

**Fitting Date:** \_\_\_\_\_

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Provider Printed Name**

\_\_\_\_\_  
**Patient Printed Name (Must be name of patient if POA signs)**

\_\_\_\_\_  
**Facility Name**

\_\_\_\_\_  
**Facility 'Ship To' Account Number**

**Please return to Start Hearing within 24 hours of fitting. Email [claims@starthearing.com](mailto:claims@starthearing.com)**

**If an authorization contains a date span, all services, including fitting, must be done within that time frame.**