

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.
- ☐ Charter Township of Clinton
- ☐ Chicago Tile Institute
- ☐ Circle K
- ☐ City of Spokane, WA
- ☐ City of Westland Michigan
- ☐ County of Kings, CA
- ☐ Dawn Foods Employees / Dep.
- ☐ Great Lakes Fishery Comm.
- ☐ Italmatch Chemical
- ☐ Journeymen & Apprentices of Local 188 H&W Fund
- ☐ Macomb Community College
- ☐ Macomb County Retirees
- ☐ Marlette Regional Hospital
- ☐ Mass. Rehab. Commission

AudioNet Cont.

- ☐ McKinley Properties
- ☐ Meridian Complete – Medicaid
- ☐ MI Complete Health
- ☐ National Elevator Ind. (NEI)
- ☐ Plumbers & Fitters Local 295 H&W Fund
- ☐ Plumbers & Pipefitters Local 123 H&W Fund
- ☐ Plumbers & Pipefitters Local 803 H&W Fund
- ☐ Rancho Santiago Comm. College
- ☐ SD Vocational Rehab
- ☐ Sheet Metal Workers Local Union No. 20 W&B Fund
- ☐ 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

- ☐ HRS
- ☐ MSQ
- ☐ NASSCO
- ☐ 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@starhearing.com

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