AudioNet Group (Non-MRS) Sample

Claim Worksheet

Great Lakes Provider Network, LLC
an AudioNet company

PATIENT INFORMATION

Name: Smith, Carol
Address: 222 W Main
City, State, Zip: Anytown, OH 43199
AudioNet Group Name: UAW GM Active Employees

Member/ Customer ID: 123123
Date of Birth: 01-01-1965
Telephone: 614-444-5555
Gender: ☑ Female ☐ Male

PATIENT INSURANCE INFORMATION

Is there Primary Insurance for Hearing Aid Benefits? *(MRS only)* ☐ Yes ☐ No Plan Name: _____

PROVIDER INFORMATION

Facility Name: Ear Advanced Hearing
Facility Address: 12121 Smithtown Drive Suite 100
City, State, Zip: Anytown, OH 43199
Office Phone #: 614-666-8888

Provider Name: Dr. Michael Brown
Provider NPI: 1212123434
Submitted by: Nancy
Email: nancy@Earadvancedhearing.com

AUTHORIZED SERVICES

Please check all services that apply and submit one worksheet per Authorization number.

☐ Right Ear ☐ Left Ear ☑ Both Ears

Authorization #: 7878789 **Diagnosis Code:** H90.3

☑ **S0618 - Audiometry for Hearing Aid Evaluation** **Date of Service:** 09-13-2018
☑ **V5010 - Assessment for Hearing Aid Devices** **Date of Service:** 09-13-2018

Hearing Aid Devices

- ☐ V5181 - Hearing Aid Device, CROS, BTE
- ☐ V5221 - Hearing Aid Device, BiCROS, BTE/BTE
- ☐ V5254 - Hearing Aid Device, Monaural, CIC
- ☐ V5255 - Hearing Aid Device, Monaural, ITC
- ☐ V5256 - Hearing Aid Device, Monaural, ITE
- ☐ V5257 - Hearing Aid Device, Monaural, BTE/RIC
- ☐ V5258 - Hearing Aid Device, Binaural, CIC
- ☐ V5259 - Hearing Aid Device, Binaural, ITC
- ☐ V5260 -Hearing Aid Device, Binaural, ITE
- ☑ V5261 -Hearing Aid Device, Binaural, BTE/RIC
- ☐ Other -_____

Modifiers: ☐ Mid ☐ Mid-High ☐ Advanced ☑ Flagship

Dispensing

- ☐ V5200 - Dispensing Fee, CROS - Monaural Fee
- ☐ V5240 - Dispensing Fee, BiCROS - Binaural Fee
- ☐ V5241 - Dispensing Fee, Monaural Hearing Aid Device
- ☑ V5160 - Dispensing Fee, Binaural Hearing Aid Device
- ☐ Other - _____

Date of Service: 09-28-2018

Conformity Evaluation

☑ V5020 - Conformity Evaluation

Date of Service: 10-15-2018

For a complete list of HCPCS codes, please reference the Provider Manual.

DOCUMENTS INCLUDED/CUSTOMER CONTRIBUTION

AudioNet Group Requirement
- ☑ Audiogram
- ☑ Confirmation of Delivery Form

MRS Auth #1 Only Requirement
- ☐ Audiogram
- ☐ Remittance Advice (if applicable)
- ☐ Customer Contribution $_____

MRS Auth #2 Only Requirement
- ☐ Confirmation of Delivery Form
- ☐ Conformity Evaluation Form
- ☐ Remittance Advice (*if applicable*)
- ☐ Customer Contribution $_____

PROVIDER VERIFICATION AND SIGNATURE

I certify that the services listed above were authorized and necessary to the health of the patient and were personally furnished by me. I further certify that I have billed the Patient's insurer for any available benefits for the services provided, if applicable.

Provider Signature: Dr. Michael Brown Digitally signed by Dr. Michael Brown Date: 2019.03.12 08:00:04 -04'00' **Date Submitted:** 02-22-2019