

## Claim Worksheet

### PATIENT INFORMATION

Name: Anne Sanchez Member/Customer ID: 801066243  
 Address: 4170 Geraldine Lane Date of Birth: 8/23/1944  
 City, State, Zip: New York, NY 10013 Telephone: 646-339-3339  
 AudioNet Group Name: National Elevator Gender: ☒ Female ☐ Male

### PATIENT INSURANCE INFORMATION

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

### PROVIDER INFORMATION

Facility Name: HearingAids4You Provider Name: Omar Richardson  
 Facility Address: 3141 Oakwood Ave Provider NPI: 1704371727  
 City, State, Zip: New York, NY 10011 Submitted by: Omar Richardson  
 Office Phone #: 212-691-9266 Email: hearingaids4you@gmail.com

### AUTHORIZED SERVICES

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

☐ Right Ear ☐ Left Ear ☒ Both Ears

Authorization #: 25013492

Diagnosis Code: H90.3

☒ S0618 - Audiometry for Hearing Aid Evaluation

Date of Service: 10/1/2019

☒ V5010 - Assessment for Hearing Aid Devices

Date of Service: 10/1/2019

#### Hearing Aid Devices

- ☐ V5221 - Hearing Aid Device, CROS/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 - \_\_\_\_\_

#### 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: 10/12/2019

#### Conformity Evaluation

☐ V5020 - Conformity Evaluation

Date of Service: 10/29/2019

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

*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: Omar Richardson

Digitally signed by Omar Richardson  
Date: 2019.11.01 15:35:14 -04'00'

Date Submitted: 11/1/2019