



**Date of the Quote:** January 08, 2024

**OP-001963411 SQ**

**Patient Information:**

LEONID DANISHEVSKIY

Patient ID: PT-01086902

**Practice:**

Valley Audiology and Hearing Center

Practice ID: P-900093

QTY	Product Description	Billing Code	Cost
1.00	Genesis AI 16 mRIC R (Chrgr incl)	V5257	1399.00
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<b>Cost of hearing aid(s):</b>		2,798.00	
<b>Earmold(s), if applicable (non-refundable):</b>		0.00	
<b>Cost of options, accessories, and supplies if applicable:</b>		0.00	
<b>Subtotal:</b>		1,048.00	
<b>Sales Tax:</b>		Included	
<b>Total Charges:</b>		1,048.00	
<b>Estimated Insurance Coverage:</b>		1,750.00	
<b>Total Due (patient responsibility):</b>		1,048.00	

Prices include all applicable plan discounts.

**I accept responsibility for the item(s) above and I understand the following:**

- The prices of the recommended hearing aid(s) and accessories are outlined above, and full payment must be made to authorize my order. The price is only applicable to hearing aid(s) dispensed through UnitedHealthcare Hearing.
- This quote is valid for 60 days and is based on my eligibility and discount as of the date above. It is only an estimate and not a guarantee. I am responsible for the member portion of the balance (after applicable benefits are applied).
- I have a 60-day trial period for devices recommended by a network provider during an in-person visit. I am allowed up to 3 exchanges during the trial period. If my hearing aid(s) is lost during the trial period, I can't exchange or return it.
- For devices fit by a network provider during an in-person visit, after my 60-day trial period, I have 3 follow-up visits included at no extra cost within the first year. Hearing aids purchased in Silver technology level receive 1 follow-up visit.
- Each device purchased comes with a manufacturer's warranty for repairs good for 3 years from date of purchase. See manufacturer's website for user guide and details surrounding this warranty.
- In many cases, the manufacturer provides coverage for loss and damage. I may be responsible for a non-refundable replacement fee of up to \$300 per device.
- Every effort will be made to improve my hearing, within the limits of my current hearing ability, the device design and circuit characteristics. The hearing aid(s) will not restore normal hearing or stop further hearing loss.
- The terms of our purchase agreement supersede conditions of sale from network providers.

*LEONID DANISHEVSKIY*

**Patient electronic signature:**

**Provider Electronic Signature**

- I am licensed to dispense hearing aids in the state below. I authorize UnitedHealthcare Hearing to use my name, dispenser type, license number, and electronic signature in the hearing aid invoice.
- If the customer does not purchase today, this quote is valid for 60 days.

**Signature:** Kamila Bome

**Unique Optum ID:** CT-00889055

**State:** PA

**Date:** January 08, 2024

**License:** AT006345

**Type:** AuD

**Questions? We're here to help.**

Contact [correspondence@UHChearing.com](mailto:correspondence@UHChearing.com) or 1-855-523-9355, TTY/RTT 711, 8 a.m. - 8 p.m. CT, Monday - Friday.



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We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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