ESTIMATE SHEET & HEARING AID INSURANCE BENEFIT
QUESTIONS TO ASK WHEN CALLING AN INSURANCE COMPANY

We are always out of network, No contracted providers

Company	Tax ID	NPI
Health Services	27-3002596	1114232121
Seattle	83-1422283	1164904959
Montana	85-3459108	1033718184

Patient Name: _____ DOB: _____ Sycle ID # _____

Insurance Company: _____ Phone # _____

Group Name: _____

Group #: _____ Policy/Member ID#: _____

Name of subscriber: _____

Blue Cross Patients: Attachment Controller # _____

Active: Yes / No Insurance Effective Date: _____

Eligible for Hearing Aids: Yes / No Last Purchase Date: _____

Age Restriction or Limitation: _____

Patient Deductible: $_____

How much has been met? $_____

How much remaining? $_____

Is there a coinsurance? Y____ N _____ $_____

What percent of cost is covered under insurance?_____

Is this of **billed charges** or **allowed amount**? (Circle one)

If allowed amount – what is the allowed amount?_____

What is the **OUT OF NETWORK** Benefit Max? _____

What is the **OUT OF NETWORK** Pocket Max?_____

Benefit Frequency Limitation:_____

Benefit Year:_____

Does Benefit Include (circle all that apply) HARDWARE REPAIRS BATTERIES ACCESSORIES

Prior Auth (Pre-Certification) Required? YES / NO If Yes what is needed for Auth?_____

RX Required from PCP: YES / NO

Staff Name_____ Ext: _____

Location_____

Name of insurance representative_____ **Reference #**_____