



Health Services, LLC/ **STORE ADDRESS/ CITY, STATE ZIP CODE**

DATE

INSURANCE COMPANY

Address

Phone

RE: PATIENT'S NAME

Claim#: XXXXXXX

Patient Name was seen in my office for a full hearing evaluation due to difficulty hearing and understanding conversational speech with his current devices, Serial numbers **XXXXXXLT XXXXXXRT**.

The current hearing aids were inspected by me. After listing to both devices, it appears the hearing aids are distorted while speech is present. The manufacture will no longer repair these aids or give them any warranty

I am recommending replacement hearing devices. Specifically, our binaural **MEXXXX** with a current cost of **\$0000.00** using V code V5261 V5160

Please fax your authorization response to 208-912-0448

If you have any further questions, please contact our Insurance Specialist Melissa Allsopp at (208)310 7127

Sincerely,

CONSULTANT'S NAME, credentials (BC-HIS or HIS etc.)

License#: