

Revised 03/16/2021

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
Wyoming	86-1238102	1497343107

Patient Name: _____ DOB: _____ Cycle ID # _____

Insurance Company: _____ Phone # _____

Group Name: _____

Group #: _____ Policy/Member ID#: _____

Name of subscriber: _____

Active: Yes / No Insurance Effective Date: _____

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

Age Restriction or Limitation: Yes / No

Patient Deductible: \$ _____

How much has been met? \$ _____

How much remaining? \$ _____

Is there a coinsurance? Y____N____ Amount: \$ _____

What percent of cost is covered under insurance? _____

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

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 Authorization? _____

RX Required from PCP: YES / NO

Staff Name _____

Location _____ Ext: _____

Name of insurance representative _____ Reference # _____