

Amplifon Hearing Health Care

Myamplifonusa.com
Quick Guide

Miracle-Ear

July, 2016

Myamplifonusa.com User Guide

The Myamplifonusa.com system was created to give you easy access to view Amplifon referrals, create appointments and enter hearing aid sales for patients referred to your location. This User Guide will walk you through the steps necessary to process all Amplifon sales and ensure timely reimbursement and accurate reports.

Overview of the steps to process Amplifon Referrals and Sales

Referral Process

1. Patient contacts Amplifon to find the nearest location. The Amplifon Patient Care Advocate registers the patient into the Myamplifonusa.com system and the clinic is notified of the referral via email.
2. Provider logs into www.myamplifonusa.com to access patient information on the dashboard.
3. Provider or Front office Assistant contacts the Amplifon patient to make an appointment.

Sales Entry Process

1. Patient comes in for initial appointment and hearing instruments are recommended.
2. Provider logs into the Myamplifonusa.com to enter the Appointment Outcome in the Referrals Tab.
3. Provider orders the hearing aids through the manufacturer using the Process Sales PO# and the Amplifon Bill-To # listed in the Amplifon FAQ document on Page 5.
4. Provider receives the hearing aids from the manufacturer and makes an appointment for the fitting.
5. Patient is fit with hearing aids and a payment is collected from the patient by the location.
6. Provider logs into Myamplifonusa.com Dashboard to complete the hearing aid sale, in the Referrals tab.
7. Once sale and payment is processed, print the Receipt of Delivery document.
8. Provider and Patient sign the Receipt of Delivery document.
9. Provider faxes the completed Receipt of Delivery document with manufacturer packing slip to 1-888-844-5713.
10. Review the processed sales in the Myamplifonusa.com system.

Please contact Amplifon Client Services at 1-800-920-4327 if you have any questions regarding the Amplifon Process.

Myamplifonusa.com Dashboard

The Myamplifonusa.com Dashboard consists of multiple tabs:

Dashboard:

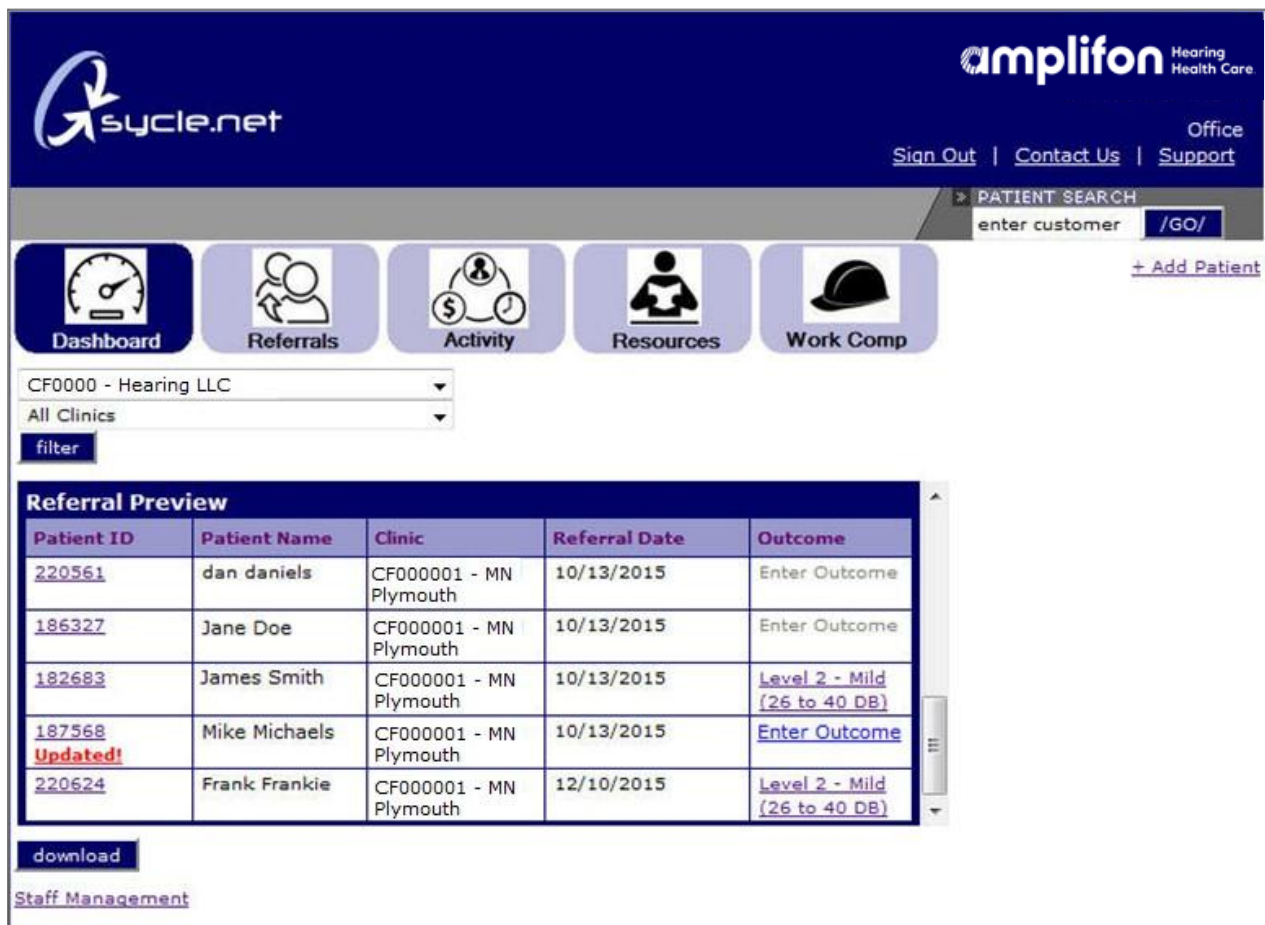
1. Review and process open referrals in the Referral Preview section
2. Add Patient Self Referrals
3. View Provider Reimbursements (available with special privilege)
4. Manage Staff (available with special privilege)

Referrals: Review and process open referrals. The Referrals tab contains more detailed information than the Referral Preview Here you can review Price List information, obtain the PO Number, and see specific plan information for the patient

Activity: Previously named 'Processed Sales', in the Activity tab you can review all sales processed through Myamplifonusa.com

Resources: Previously accessed through the Amplifon Information link, the Resources tab contains all of your user guides, Amplifon Hearing Health Care information, and forms.

Work Comp: Access the Work Comp tab to process Workers Compensation requests



The screenshot shows the Myamplifonusa.com dashboard. At the top left is the 'cycle.net' logo. At the top right is the 'amplifon Hearing Health Care' logo. Below the logos are navigation links: 'Sign Out', 'Contact Us', and 'Support'. There is also an 'Office' link. A 'PATIENT SEARCH' section includes a text input field with 'enter customer', a '/GO/' button, and a '+ Add Patient' link. Below this are five main navigation tabs: 'Dashboard' (with a speedometer icon), 'Referrals' (with a person icon), 'Activity' (with a person and dollar sign icon), 'Resources' (with a person icon), and 'Work Comp' (with a hard hat icon). Below the tabs are two dropdown menus: 'CF0000 - Hearing LLC' and 'All Clinics', followed by a 'filter' button. The main content area is titled 'Referral Preview' and contains a table with the following data:

| Patient ID | Patient Name | Clinic | Referral Date | Outcome |
|-------------------------------------------|---------------|---------------------------|---------------|--------------------------------------------------|
| 220561 | dan daniels | CF000001 - MN Plymouth | 10/13/2015 | Enter Outcome |
| 186327 | Jane Doe | CF000001 - MN Plymouth | 10/13/2015 | Enter Outcome |
| 182683 | James Smith | CF000001 - MN Plymouth | 10/13/2015 | Level 2 - Mild (26 to 40 DB) |
| 187568 Updated! | Mike Michaels | CF000001 - MN Plymouth | 10/13/2015 | Enter Outcome |
| 220624 | Frank Frankie | CF000001 - MN Plymouth | 12/10/2015 | Level 2 - Mild (26 to 40 DB) |

Below the table is a 'download' button and a 'Staff Management' link.

Processing Amplifon Referrals

1. Patient contacts Amplifon and the Patient Care Advocate (PCA) directs the patient to the nearest Amplifon Provider. The Amplifon PCA enters the patient's information into the Myamplifonusa.com system and the clinic is notified of the referral via email notification.
Note: You may also choose to add patients directly in your Myamplifonusa.com System by using the + Add Patient link in the Dashboard tab.
 - When you choose to add a patient as a self referral, Amplifon will be notified by email and verify insurance. The self referred patient will be available to process in Myamplifonusa.com once Amplifon has completed the patient validation process.
2. Provider logs into Myamplifonusa.com at www.myamplifonusa.com and accesses the Dashboard to view referrals in the Sales to Be Processed list.

➔ Enter your **username** and password and click **Login**.

3. When ready to process Amplifon's patient referral, Provider or Front Office Assistant calls the Amplifon patient to make an appointment.

➔ View Amplifon Referrals for your location in the Dashboard Referral Preview grid or in Referrals tab (to see detailed information)

➔ Click **View** in the Price List column

| Patient Name | Patient ID | Phone # | Customer Category | Plan Name | Price List | Referral Date | Audiological Findings | Process Sales PO # | Estimated Fit Date | Clinic |
|--------------|------------|----------------|-------------------|-----------------------|----------------------|---------------|-------------------------------|--------------------|--------------------|------------------------|
| Jane Doe | 191345 | (111) 222-3333 | Discounted | CIGNA HEALTHY REWARDS | View | 11/04/2015 | Enter Outcome | AM00053679 | | CF000001 MN - Plymouth |
| John Smith | 204846 | (222) 333-4444 | Discounted | AETNA FUNDED | View | 11/04/2015 | Enter Outcome | AM00053680 | | CF000001 MN - Plymouth |

Note: We recommend reviewing the insurance information (located in the patient name link to the Customer Summary) and the product Price List associated with the patient's plan.

Select a **Vendor**, **Category Type**, and **Purchase Type**. Click **Go** and the Price List displays.

Insurance Company: AETNA HEALTHCARE **Vendor:** MIRACLE EAR
Insurance Plan: AETNA DISCOUNT **Category Type:** All Types
 Purchase Type: Hearing Aid

GO

Discount Plan Description
 A plan type in which the patient is responsible for 100% of the payment at the time of delivery/dispensing. Pricing is established by Amplifon Hearing Health Care for hearing aid and testing charges. Your office is responsible for collecting hearing aid payments and then forwarding the payment to Amplifon Hearing Health Care for processing. However, payments for testing are collected and retained by your office.

| Product | Product Code | Manufacturer | Description | Price |
|-------------|--------------|--------------|--------------------------------------------|---------|
| Hearing Aid | 11508956 | MIRACLE EAR | AUDIOTONE PRO 2M BTE BTE Standard Digital | \$995 |
| Hearing Aid | 11508957 | MIRACLE EAR | AUDIOTONE PRO 2SP BTE BTE Standard Digital | \$995 |
| Hearing Aid | 11907547 | MIRACLE EAR | AUDIOTONE PRO CIC CIC Digital | \$995 |
| Hearing Aid | 11907545 | MIRACLE EAR | AUDIOTONE PRO HS Half Shell Digital | \$995 |
| Hearing Aid | 11907546 | MIRACLE EAR | AUDIOTONE PRO ITC Canal Digital | \$995 |
| Hearing Aid | 11907544 | MIRACLE EAR | AUDIOTONE PRO ITE Full Shell Digital | \$995 |
| Hearing Aid | 11907450 | MIRACLE EAR | ME2150 CIC CIC Digital | \$1,795 |
| Hearing Aid | 11907452 | MIRACLE EAR | ME2150 HS Half Shell Digital | \$1,795 |
| Hearing Aid | 11907451 | MIRACLE EAR | ME2150 ITC Canal Digital | \$1,795 |
| Hearing Aid | 11907453 | MIRACLE EAR | ME2150 ITE Full Shell Digital | \$1,795 |

Note: The Price List breaks each hearing aid out separately. Each price on this list is per hearing aid.

Processing Amplifon Sales

1. The patient comes in for the appointment and hearing instruments are recommended.
2. Provider logs into the Myamplifonusa.com system. Locate the patient in the **Referral Preview** grid or the **Referrals** tab to enter the outcome of the appointment.

Click **Enter Outcome** to complete the first step of the Amplifon Referral.

Dashboard Referrals Activity Resources Work Comp

Amplifon Referrals Total: 13

Filters: CF0000 - Hearing LLC
 All Clinics

| Patient Name | Patient ID | Phone # | Customer Category | Plan Name | Price List | Referral Date | Audiological Findings | Process Sales PO # | Estimated Fit Date | Clinic |
|--------------|------------|----------------|-------------------|-----------------------|----------------------|---------------|-------------------------------|--------------------|--------------------|------------------------|
| Jane Doe | 191345 | (111) 222-3333 | Discounted | CIGNA HEALTHY REWARDS | View | 11/04/2015 | Enter Outcome | AM00053679 | | CF000001 MN - Plymouth |
| John Smith | 204846 | (222) 333-4444 | Discounted | AETNA FUNDED | View | 11/04/2015 | Enter Outcome | AM00053680 | | CF000001 MN - Plymouth |

**Step 1:
The
Audiological
Findings**

Screen displays. Enter the following required information:

- **First Visit Date:**
the date the patient was first seen for this Amplifon referral.
- **Staff Name:**
Provider who saw the patient.
- **Left Loss Level**
- **Right Loss Level**
- **Loss Type**
- **Diagnosis 1**
- **Diagnosis 2**
(if applicable)
- **Estimated Date of Fit**

Note: Audiogram can be uploaded in .jpg, .jpeg, .gif, .png and .pdf files. Only files under 5MB are allowed.

Click **Browse** and select the Audiogram from your computer folder. Click **continue**.

Click close in the upper right corner of the screen. (Steps 2-4 are entered after the patient is fitted).

Note: At times, Amplifon referrals do not lead to a sale. In this event, select the no sale box and enter the following information:

- **First Visit Date**
- **Left Loss Level**
- **Right Loss Level**

Click **continue**.

A message displays asking “Are you sure this patient’s visit is complete without a sale?” If you continue, this Amplifon Referral will drop off your Referral Preview and Referrals tab list and will appear in the Activity tab in the Myamplifonusa.com No Sale section.

4. Provider orders the hearing aids through the manufacturer using the Process Sales PO# listed on the Dashboard and the Amplifon Bill-To # listed in the Amplifon FAQ document on page 5.

| Patient Name | Patient ID | Phone # | Customer Category | Plan Name | Price List | Referral Date | Audiological Findings | Process Sales PO # | Estimated Fit Date | Clinic |
|--------------|------------|----------------|-------------------|-----------------------|------------|---------------|-----------------------|--------------------|--------------------|------------------------|
| Jane Doe | 191345 | (111) 222-3333 | Discounted | CIGNA HEALTHY REWARDS | View | 11/04/2015 | Enter Outcome | AM00053679 | | CF000001 MN - Plymouth |
| John Smith | 204846 | (222) 333-4444 | Discounted | AETNA FUNDED | View | 11/04/2015 | Enter Outcome | AM00053680 | | CF000001 MN - Plymouth |

5. Patient is fitted with the hearing aids and payment is collected from the patient by the clinic.

6. Log into Myamplifonusa.com to complete the hearing aid sale.



Locate the Amplifon Referral in the Referral Preview or the Referrals tab. Click the **Level of Loss** hyperlink in the Audiological Findings column.

| Patient Name | Patient ID | Phone # | Customer Category | Plan Name | Price List | Referral Date | Audiological Findings | Process Sales PO # | Estimated Fit Date | Clinic |
|--------------|------------|----------------|-------------------|-----------------------|------------|---------------|-----------------------|--------------------|--------------------|------------------------|
| Jane Doe | 191345 | (626) 318-3144 | Discounted | CIGNA HEALTHY REWARDS | View | 11/04/2015 | Enter Outcome | AM00053679 | | AP123400 MN - Plymouth |
| John Smith | 204846 | (626) 281-0751 | Discounted | AETNA FUNDED | View | 11/04/2015 | Enter Outcome | AM00053680 | | AP123400 MN - Plymouth |



Step 2: The Hearing Aid/Service Detail screen displays. Using the Add Item drop down menu, add the item to this purchase. Select the item you are selling to the patient and click **Add Item**.

1 Audiological Findings > 2 Hearing Aid/Service Detail > 3 Confirm & Pay > 4 Print & Fax

* To add an item, select category from dropdown and click "Add Item" button. Multiple items may be added.

Please Select

- Please Select
- Hearing Aid
- Accessories
- Batteries
- Earmolds
- Repairs
- Remotes
- Services

Insurance Pays: \$0.00
 Patient Pays: \$0.00
 Total Due: \$0.00

➔ Select the **Manufacturer, Type and Model** on the Hearing Aid Purchase screen. If this is a binaural sale, select the **binaural fit** button next to the Right Ear section and the hearing aid will copy to the right side.

➔ Enter the **Manufacturer Invoice Number and Serial Number(s)**.

Note: All other fields auto populate.

➔ Click **continue**

➔ A summary of the sale displays. At this time, you may add more items by selecting from the drop down menu and clicking **Add Item**.

Note: Please verify the Date of Service selected. If the date is not correct, you can edit the date by clicking the calendar icon.

- [Edit](#) hyperlink allows you to edit the line item.
- [Delete](#) hyperlink allows you to delete the line item if you selected it in correctly or need to change the item for any reason.

Note: If the sale is for a **Funded patient**, the Calculate Fee Estimate screen displays. Insurance Verification information will populate the appropriate values in the Insurance Pays and Patient Pays fields. This enables you to collect the appropriate Patient Responsibility payment from the patient at time of fitting.

Hearing Aid Purchase > Calculate Insurance Estimates

Left & Right Hearing Aid

Allowable Price 3190

Insurance Coverage 3190.00

Insurance Coverage 80.00 %

Insurance Maximum 5000

Insurance Pays 2552.00

Patient Pays 638.00

Upgrade Amount 0.00

Deductible 0

HRA 0

[save](#)

Step 3: Confirm & Pay screen displays. Confirm the sale and enter the payment. Make sure all the sales information is correct.

Note: Utilize the back button if any sale information is missing or not correct and you will be brought back to step 2 where you can make the edits and/or enter additional sale information.

Note: You can also review the warranty information on this page, click on the blue [Warranty Information](#) hyperlink.

Enter credit card payments directly into the system by clicking the **add payment** button.

1 Audiological Findings
2 Hearing Aid/ Service Detail
3 Confirm & Pay
4 Print & Fax

Confirm Patient

| | |
|-------------------------------------------|----------------------------|
| Patient: John Doe | Category: Funded |
| Patient ID: 155519 | Plan Name: CIGNA INDEMNITY |
| Address: 1 Court Rd Honolulu, HI 11111 | PD Number: AM00031562 |
| Phone: | Staff: John Smith |

| Qty | Item | Description | Amount | Date of Service |
|-----|-------------|-----------------------------------------------------------------|-----------|-----------------|
| 1 | Hearing Aid | MIRACLE EAR ME750 SP BTE BTE Standard Digital Battery Type: 675 | \$1595.00 | 03/12/2015 |
| 1 | Hearing Aid | MIRACLE EAR ME750 SP BTE BTE Standard Digital Battery Type: 675 | \$1595.00 | 03/12/2015 |

For Hearing Aid Purchases: [Warranty Information](#)
Insurance Pays: \$2552.00
Patient Pays: \$638.00
Total Due: \$3190.00

Add Payment

For **Credit Card** Payments, please click the add payment button. If there are multiple Credit Card payments, click the add payment button for each transaction.

[add payment](#)

For **check** payments, please mail check and copy of the Receipt of Delivery to:
 Amplifon Hearing Health Care
 5000 Cheshire Parkway N.
 Plymouth, MN 55440

For **Care Credit** payments, please fax the completed payment form to 888-371-5961.

[care credit](#)

* When you click the continue button, you are confirming the sale, payment, and you are submitting the information to Amplifon Hearing Health Care. [back](#) [continue](#) [cancel](#)

In the **Add Payment** screen, enter the following information:

- ➔ **Payment Type** (Visa, MC, Discover, or AMEX).
- ➔ **Amount** (payment amount – if payment is the full amount, use the **total amt** button).
- ➔ **Card Number, Expiration Date, CCV #** (3 digit number on the back of the patient’s credit card).
 - Do not make changes to any pre-populated date field.

Add Payment

For check payments, please fax the Receipt of Delivery to 1-888-844-5713 and mail check and a copy of the Receipt of Delivery to Amplifon Hearing Health Care 5000 Cheshire Parkway Plymouth, MN 55446. If you have questions, please call 1.800.920.4327

Payment Type: Visa

Amount: \$ 1000.00 total amt

***Card Number:** 123456789012345

***Expires:** 03 2015

***CCV #:** 123

Description:

Date: 03 09 2015

Transaction #:

Deposit #:

Deposit Date: 03 09 2015

save

Note: If there are multiple Credit Card payments, Click **Add Payment** for each separate transaction.

Note: Check and CareCredit payments are sent to Amplifon for processing.

- For Check payments, please mail check and copy of Receipt of Delivery to:
Amplifon Hearing Health Care
5000 Cheshire Parkway N
Plymouth, MN 55446
- For CareCredit payments please fax the completed payment form to 1-888-371-5961.

7. Once the sale and payment is processed, print the Receipt of Delivery document.

- ➔ **Step 4: Print and fax the Receipt of Delivery document.**
Click **print**.

1
Audiological Findings

➔

2
Hearing Aid/
Service Detail

➔

3
Confirm &
Pay

➔

4
Print &
Fax

Please print the Receipt Of Delivery by clicking the Print button below.

Fax a signed (by customer and by provider) copy with the Manufacturer's Packing Slip at the time of delivery to 1-888-844-5713.
*All forms must be faxed within 24 hours of delivery.

When complete documentation is received by Amplifon Hearing Health Care, any additional required patient or insurance processes will be performed.

Please call Client Services at 1-800-920-4327 with any questions.

Thank you for your participation with Amplifon Hearing Health Care.

print
close

Provider and Patient sign the Receipt of Delivery document.

➔ Confirm all information is correct.

➔ Review terms and conditions with the patient.

➔ Provider and patient sign and date the contract, and fax to Amplifon using fax number at bottom of document.

➔ Copy of the signed document should be given to the patient at the time of delivery.

Note: Battery sales will be shipped to the patient by Amplifon and they will receive them within two weeks of the Date of Service.

CF000000 MN - Minneapolis
1234 Street A
Minneapolis, MN 55555
P: (111) 222-3333
F: (222) 333-4444

Receipt of Delivery

Patient's Name: John Doe
Address: 1 Court Rd, Honolulu, HI 11111
Phone: (111) 222-2233
Patient ID: 195519
Insurance Plan Name: AETNA DISCOUNT
PO Reference: HP025901
Diagnosis:

| Item | Amount |
|-------------------------------------------------------------------------------------------------------------|------------|
| 1 Left Aid: MIRACLE EAR ME750 SP BTE (Serial 123523532) Delivered: 2015-03-09; Mfr Wty Ends: 03/09/2018 | \$1,795.00 |
| 1 Right Aid: MIRACLE EAR ME750 SP BTE (Serial 323424564) Delivered: 2015-03-09; Mfr Wty Ends: 03/09/2018 | \$1,795.00 |

160 free hearing aid batteries provided by Amplifon Hearing Health Care (per hearing aid purchased)

Subtotal: \$3,590.00
Estimated Insurance:
Payments: \$0.00

Warranty: A three year warranty is provided except for economy products. You acknowledge that no other or inconsistent representations have been made by any Amplifon Hearing Health Care employee with respect to the warranty for the hearing aid(s) and options purchased.
Loss & Damage: You acknowledge that your hearing aid(s) have a one-time Loss and Damage claim per aid used within the warranty period. A deductible will apply at time of claim. Please see the Hearing Care Professional for deductible amount. A loss and damage claim activated within the trial period below, renders the aid(s) ineligible for return, exchange, or refund.
1 Year of Service: You acknowledge that you will receive normal hearing aid servicing at no charge for one year at the location from which you purchased. After the one year period, you pay for servicing.
60 Day Trial Period: You, the patient, have a 60-day trial period which begins on the date the hearing aid(s) are delivered/dispensed. During this period, you can return or exchange the hearing aid(s). You may exchange these hearing aid(s) anytime within this 60-day timeframe and a new 60-day trial period will begin. For returns, you must return the aid(s) to the provider. The provider will inform Amplifon Hearing Health Care of the return, and Amplifon Hearing Health Care will refund the original patient payment in the manner in which it was received. The privileges described to you in this paragraph apply only to the original hearing aid(s) delivered to you on the date listed below.

Payment Method: Credit Card *Type _____ Check *Enter Check # _____ CareCredit/Financing *Complete form in system

I, the undersigned Patient, hereby purchase from Amplifon Hearing Health Care the hearing aid(s) and/or equipment described above according to the terms set forth in this Receipt of Delivery. I have accepted delivery of hearing aid(s) noted above and I understand that all patient payments due must be made at the time of delivery in order to receive the Amplifon Hearing Health Care Discounted Price.
 By signing this form I agree that I have read the information above and I understand its contents. I have authorized Amplifon Hearing Health Care to bill my Credit Card (Visa, Master Card, Discover), Care Credit or confirm that a check is being forwarded to Amplifon Hearing Health Care.

X _____
Patient's Signature at Delivery

X _____
Provider's Signature at Delivery

Patient's Printed Name

Provider's Printed Name

Date

Date

➔ Please fax this completed form and Manufacturer's Packing Slip at time of delivery to # 888.844.5713. All forms must be faxed within 24 hours of delivery. ➔

Amplifon Hearing Health Care 5000 Cheshire Parkway North Plymouth MN 55445

Date Printed: 03/09/2015

8. Provider faxes the completed Receipt of Delivery document with manufacturer packing slip to 1-888-844-5713. Once a sale is processed in the Myamplifonusa.com system, it moves to the Activity tab.

The Activity tab consists of three sections:

1. **Myamplifonusa.com Sales:** Amplifon referrals where the sale has been entered by the location
2. **Myamplifonusa.com – NO SALES:** Amplifon referrals not resulting in sales
3. **Sales Entered by Amplifon:** Amplifon referrals completed by Amplifon Hearing Health Care

Note: In the Activity tab, you can review the Customer Summary, Price List, print another copy of the Receipt of Delivery, add additional payments, and download the results to Excel for Reporting purposes.

| Processed Sales | | | | | | | | | | | | | Total:8 |
|-----------------------------|------------|----------------|-------------------|-----------------------|----------------------|-----------------------|--------------------------------------------|------------------------|------------------------|------------------------|-----------------------|---------------------|-------------------------------|
| Filters | | | | | | | | | | | | | |
| CF0000 - Hearing LLC | | | | | | | | | | | | | |
| All Clinics | | | | | | | | | | | | | |
| filter | | | | | | | | | | | | | |
| download | | | | | | | | | | | | | |
| Amplifon Lite Sales | | | | | | | | | | | | | |
| Patient Name | Patient ID | Phone # | Customer Category | Plan Name | Pricelist | Referral Date | Audiological Findings | Process Sales PO # | Estimated Fit Date | Clinic | Receipt of Delivery | Additional Payment | Return/Exchange |
| Patient One | 220556 | (111) 111-1111 | Funded | RED TAB FOUNDATION | View | 10/08/2015 | Level 3 - Moderate (41 to 55 DB) | AM00061044 | 10/14/2015 | CF000001 MN - Plymouth | Print | Add | Not Available |
| Patient Two | 220557 | (333) 333-3333 | Funded | CIGNA CHOICE FUND OAP | View | 10/08/2015 | Level 3 - Moderate (41 to 55 DB) | AM00061045 | 10/08/2015 | CF000001 MN - Plymouth | Print | Add | Not Available |
| Amplifon Lite NO SALES | | | | | | | | | | | | | |
| Patient Name | Patient ID | Phone # | Customer Category | Plan Name | Pricelist | Referral Date | Audiological Findings | Process Sales PO # | Clinic | | | | |
| John Smith | 215396 | (222) 222-2222 | Discounted | CIGNA HEALTHY REWARDS | View | 11/09/2015 | Level 4 - Moderate to Severe (56 to 69 DB) | AM00061062 | CF000001 MN - Plymouth | | | | |
| Sales Entered by Amplifon | | | | | | | | | | | | | |
| Patient Name | Patient ID | Phone # | Customer Category | Plan Name | Referral Date | Audiological Findings | Process Sales PO # | Clinic | | | | | |
| Jane Doe | 209942 | (333) 333-3333 | Discounted | DELTA DENTAL MN | 11/09/2015 | | AM00061064 | CF000001 MN - Plymouth | | | | | |

For questions on Amplifon’s Policies and Procedures, please contact Amplifon Client Services at **1-800-920-4327**