

Amplifon Hearing Health Care

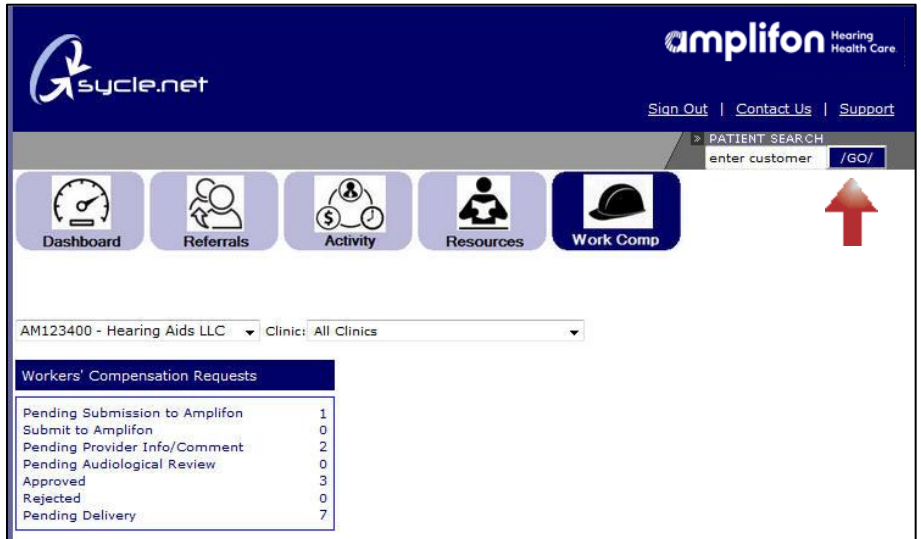
Workers' Compensation Quick Guide

Welcome to the Myamplifonusa.com Workers' Compensation Dashboard

On the next pages we will walk through a simple “How To” on submitting hearing aid and accessory / service requests.

Below is a view of the dashboard and a brief description of each category in the Workers' Compensation Requests section.

- **Pending Submission to Amplifon:** Requests that have been saved and not yet submitted to Amplifon.
- **Submit to Amplifon:** Requests waiting for Amplifon to review and requests submitted to the adjuster.
- **Pending Provider Info/Comment:** Requests needing information from the location.



Workers' Compensation Requests	
Pending Submission to Amplifon	1
Submit to Amplifon	0
Pending Provider Info/Comment	2
Pending Audiological Review	0
Approved	3
Rejected	0
Pending Delivery	7

- **Pending Audiological Review:** Hearing aid requests waiting to be reviewed by the Amplifon Audiologist.
- **Approved:** Requests that have been approved by the adjuster and not yet reviewed by Amplifon.
- **Rejected:** Requests that have been denied by the adjuster.
- **Pending Delivery:** Requests that have been approved by the adjuster and Amplifon and are waiting to be delivered by the location.

1. **Search** for the patient in the patient search box. Enter the patient's name and click **GO**.

(If you do not see the patient, please return to the resource tab to print and complete the WC Referral Request Form, and fax to Amplifon.)

The screenshot shows the Amplifon interface with the following elements:

- Header: **cycle.net** logo and **amplifon** Hearing Health Care.
- Navigation: [Sign Out](#), [Contact Us](#), [Support](#).
- Search: **PATIENT SEARCH** with input field "enter customer" and a **/GO/** button.
- Navigation Tabs: **Dashboard**, **Referrals**, **Activity**, **Resources**, **Work Comp**.
- Dropdown: "AM123400 - Hearing Aids LLC" and "Clinic: All Clinics".
- Section: **Workers' Compensation Requests** with the following table:

Pending Submission to Amplifon	1
Submit to Amplifon	0
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Pending Audiological Review	0
Approved	3
Rejected	0
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2. A list of patients will open. Click on the **Customer Name hyperlink**, in this example, Mary Smith.

The screenshot shows the search results page with the following elements:

- Search Instructions: [search instructions](#) and [close](#) button.
- Search Input: "mary smith" with **search** button and filter "search AP111103 HI - Maui only".
- Links: [archive search](#) and [advanced search](#).
- Section: **Search Result - All Stores, Active Customers**.
- Text: "showing results 1-2 of 2 for 'mary smith'".
- Table:

Customer Name	Address	DoB	Phone Number	Store	Action
Mary Smith	Street Honolulu, HI 44444	01/01/1950	(111) 111-8888 (home)	AP111100 HI - Honolulu	

3. The Customer Summary will open. To begin a request, click on **purchase**.

The screenshot shows the Customer Summary page with the following sections:

- Customer: **Mary Smith** with **purchase** and **new appointment** buttons.
- identity** section:
 - Full Name: Mary Smith
 - Preferred Name:
 - Sycle Customer ID: 195512
 - Call Center ID:
 - Address: 2 T Street, Honolulu, HI 44444
 - Snowbird Address:
 - Customer Type: Prospect
 - Customer Category: Workers' Compensation
 - Tinnitus: no
 - Speech Pathology: no
 - Gender: Female
 - Date of Birth: 01/01/1950
 - Age: 65
 - Preferred Language: English
 - Phone Number: (111) 111-8888 (home)
 - Email Address:
 - Legacy Customer ID:
 - Created By: stybam2, 03/05/2015 12:54:00 EST
 - Updated By:
- store and staff** section:
 - Store: AP111100 HI - Honolulu
 - Address: Honolulu Hearing LLC, 1234 Green Street, Honolulu, HI 22222
 - Site #: 3434
 - Email: clinicname@email.com
 - Phone: (222) 222-2222
 - Staff: Agent Assigned:

- Click on the **Request Type** radio button next to applicable request: **New Hearing Aid Request** (patient has never received hearing aids through Amplifon) or **Replacement Hearing Aid Request** (patient has received hearing aids through Amplifon) and click **continue**.

This Request Is:

Insurance Plan: Workers' Compensation Request

Plan Type:

- Workers' Compensation
- Discounted Customer
- Funded Plan

Request Type

- New Hearing Aid Request
- Accessory / Service Request
- Battery Request
- Replacement Hearing Aid Request

Workers' Compensation Plan Description

A plan type in which your office must receive prior authorization from Amplifon Hearing Health Care for services, testing, hearing aids, and related products. No payments should be collected by your office from the patient. **Amplifon Hearing Health Care is responsible for billing and collecting payment from the payer.**

- The Hearing Aid Request screen will open. Complete the Background Information section. Make sure the radio buttons are selected on each question.

New Hearing Aid Request Print Cancel Close Save

WC Request Id: AP111100 HI - Honolulu **Request Date:** 03/09/2015

Patient ID: 195512 **Patient:** Mary Smith **Employer:** Honolulu Hearing LLC
 1234 Green Street
 Honolulu, HI 22222
 (222) 222-2222

Patient DOB: 01/01/1950 **Status:** Pending Submission

Claim #: 33333 **Provider Name:** All Providers

Date of Injury: m d

Background Information

Yes No **Is the claimant still employed with the employer that the claim is through?**

What are the job duties or special circumstances that need to be considered?

Yes No **Physical limitations that need to be considered? (i.e. no pinna, dexterity, etc.)**

Please describe:

Yes No **Has the claimant expressed size preference to you?**

Yes No **Do you feel this is appropriate audiologically?**

- Use the **drop down menu** to select an item to add to the request and click **Add Item**.

Hearing Aid Recommendation

(All Hearing Aid recommendations must have thresholds within the best fit criteria of the manufacturers fitting guide. This is verified by Amplifon before the request is submitted to the worker's compensation carrier.)

Hearing Aid Recommendation - Providers can make up 2 recommendations. Please review the Workers' Compensation Guide for instructions regarding documentation of hearing aid technology necessity.

***To add a different type of item, select category from drop-down and click 'Add Item' button**

Option 1 Hearing Aid Add Item

Option 2 Hearing Aid Add Item

The Amplifon Price includes a 3-year repair warranty, 3-year loss and damage warranty trial period. No restocking fee if returned within the trial period. 1-year of professional s fit the authorized hearing aid(s). Earmold included with BTE hearing aid approval.

** Some exclusions apply. Limited to one-time claim for loss and damage per hearing device and a per aid deductible will apply. Please review the Workers' Compensation Guide for instructions regarding documentation of hearing aid technology necessity.

7. Using the drop down menus, select the **Manufacturer**, **Type**, and **Model** of the hearing aid being recommended for the patient.

- If a binaural fit, click on the **binaural fit** button.
- If a cros or a different hearing aid is being selected, enter each side individually.

Once completed, click **Continue**.

8. Use the Notes section to add any notes to Amplifon and any justification for the recommendations you would like to add.

9. **Upload** the audiogram in the Audiological Findings section by clicking on **browse**.

10. **Upload** any additional documentation in the Attachments Section by clicking on **Browse**.

11. Click **Save** to save the request.

12. At the top of the request screen you will now see the status of the request is **Pending Submission**.

Note: The current status of the request will appear here throughout the process.

- Once you are ready to submit the request, click Submit to Amplifon.

Note: Your request has been submitted to Amplifon for review. Please check back daily for the status of your request. Once the request is approved and delivered, move to the Product Approval / Delivery Section on page 7.

Audiological Findings

Please note, speech-in-noise testing and LDL's must be conducted to consider ANY level 2 hearing aid.

Choose a file to upload as an attachment: No file selected.
Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed

User	Date	File	Action
Attachments			
Choose a file to upload as an attachment: <input type="button" value="Browse..."/> No file selected.			
Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed			

To Begin an Accessory or Service Request

Complete Steps 1-3 on page 2.

- Click on the **Request Type** radio button next to **Accessory/ Service Request** and click **continue**.

This Request Is:

Insurance Plan: Workers' Compensation Request

Plan Type:

- Workers' Compensation
- Discounted Customer
- Funded Plan

Request Type

- New Hearing Aid Request
- Accessory / Service Request
- Battery Request
- Replacement Hearing Aid Request

Workers' Compensation Plan Description

A plan type in which your office must receive prior authorization from Amplifon Hearing Health Care for services, testing, hearing aids, and related products. No payments should be collected by your office from the patient. **Amplifon Hearing Health Care is responsible for billing and collecting payment from the payer.**

5. The Accessory / Service Request screen will open. Make sure the radio buttons are selected for each question.

- If requesting an audiogram or additional testing, **complete the boxes** with the reason for the request.
- For Repairs, complete the necessary boxes.

6. Use the drop down menu to select an item to add to the request and click **Add Item**.

Note: Each Accessory, Repair or Service will need to be added separately.

7. Once **Add Item** is selected, a new pop up screen will appear to add the item.

- **Accessories:** Select the accessory from the drop down menu and click **Continue**.
- **Repairs:** Select the hearing aid to be repaired and the type of repair from the drop down menu and click **Continue**.
- **Services:** Select the service being requested from the drop down menu and click **Continue**.

8. Upload any documentation in the Attachments section by clicking **browse**.

9. Click **Save** to save the request.

10. At the top of the request screen you will now see the status of the request is **Pending Submission**.

Note: The current status of the request will appear here throughout the process.

11. Once you are ready to submit the request, click **Submit to Amplifon**.

Your request has been submitted to Amplifon for review. Please check back daily for the status of your request. Once the request is approved and delivered, move to the **Product Approval/Delivery Section**, below.

Product Approval / Delivery

Once the request is approved you will see the request in the Pending Delivery category of your Dashboard.

1. Click on **Pending Delivery**.

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2. A list of all patients pending delivery at the clinic will open. Click on the **Invoice #** hyperlink to open the Purchase Summary.

Pending Delivery

Filters

All Franchises Prior Auth Date

All Clinics To:

Pending Delivery

Amplifon Dashboard

Patient Name	Patient ID	Date Received	Invoice #	Status	Claim #	Date Submitted to Adjuster	Request Type
Mary Smith	195512	3/5/2015	0008	Complete	33333		New Hearing Aid Request

3. To print the Final Authorization / Receipt of Delivery, click on **Receipt of Delivery**.

Note: The PO (Purchase Order) number is also located on this page.

Customer Purchase Summary

AP111100 HI - Honolulu
Honolulu Hearing LLC
1234 Green Street
Honolulu, HI 22222
(222) 222-2222

Customer: [Mary Smith](#)
2 Y Street
Honolulu, HI 44444
(111) 111-8888
Bill To:

Staff: John Smith
Store: AP111100 HI - Honolulu
Date: 03/10/2015
Tracking #:
Estimated Date of Fit: 03/25/2015
Invoice #: 00008
Status: Approved

Qty	Item	Description	Unit Price	Amount Delivered	Reference	Date of Service	Action	Purchase Order
1	Left Hearing Aid	PHONAK INC. AMBRA SP BTE BTE Standard Digital Mfr Warranty Expires: 03/09/2018 Procedure code: VS257			IN000008	3/10/2015	cancel	HP025919
40	Battery	Battery: BATTERY - SIZE 13 13 0-pack Date of Service 03/10/2015 Procedure code: VS256			IN000008	3/10/2015	cancel	
1	Right Hearing Aid	PHONAK INC. AMBRA SP BTE BTE Standard Digital Mfr Warranty Expires: 03/09/2018 Procedure code: VS257			IN000008	3/10/2015	cancel	HP025919
40	Battery	Battery: BATTERY - SIZE 13 13 0-pack Date of Service 03/10/2015 Procedure code: VS256			IN000008	3/10/2015	cancel	

Invoice Total \$0
Sales Tax \$0.00
Grand Total \$0.00
Insurance Payments \$0.00
Customer Payments \$0.00
Amount Due from Insurance \$0.00
Amount Due from Customer \$0.00

for Amplifon Hearing Heal

4. Complete the Receipt of Delivery and fax to Amplifon.

- Fill in the serial number.
- Fill in the date of service.
- Add diagnosis code.
- Sign and date form (the patient signature is required for all deliveries).
- Fax to the number on the bottom of the form.
- Include packing slip for hearing aids, accessories, and repairs.

AP111100 HI - Honolulu
Honolulu Hearing LLC
1234 Green Street
Honolulu, HI 22222

Workers' Compensation Final Authorization & Receipt of Delivery

amplifon Hearing Health Care

Patient's Name: Mary Smith
Address: 2 Y Street Honolulu, HI 44444
Phone: (111) 111-8888
Insurance Plan Name: Workers' Compensation Request
Patient ID: 195512
WC Request ID: 21704

Qty	Item Information	Date of Service
1	Left Hearing Aid: PHONAK INC. AMBRA SP BTE BTE Standard Digital Serial #: 45648056456 battery lot: 13	
1	Right Hearing Aid: PHONAK INC. AMBRA SP BTE BTE Standard Digital Serial #: 45648056456 battery lot: 13	
40	Battery: BATTERY - SIZE 13 13 0-pack	
40	Battery: BATTERY - SIZE 13 13 0-pack	

Type of Hearing Loss: Conductive Mixed Other

Severity Level of Hearing Loss: Moderate (60-70dB) Moderate to Severe (70-80dB) Severe to Profound (80-90dB)

Diagnosis Code:

Warning: Warranty available for each form that is filled in. You acknowledge that you will not be responsible for any damage to your hearing aids or accessories. You acknowledge that your hearing aids have a one-time limit on all damage that occurs during the warranty period. A 30-day trial period will apply at time of purchase. Your authorization is required from your designated Workers' Compensation Provider. You may be responsible for non-work related damage or damage to the hearing aids and accessories. It is not a fault or damage claim covered under the final printed hearing aids and accessories policy for return or exchange.

1 Year of Service: You acknowledge that you will accept normal hearing aid service at no charge for one year at the location from which you were fitted with hearing aids and accessories. After that one-year period, future hearing aids to your authorization from the designated Workers' Compensation Provider.

30 Day Trial Period: You acknowledge that you will accept normal hearing aid service at no charge for 30 days from the date of purchase. During this period, you may return or exchange the hearing aids. You may exchange these hearing aids services within this 30-day trial period and a new 30-day trial period will begin. In the event of a return, you must return the hearing aids and accessories to the provider. The provider will return Amplifon Hearing Health Care of the return, and Amplifon Hearing Health Care will coordinate the return through the designated provider. The designated provider will coordinate the return of the hearing aids and accessories to you in the designated form.

Receipt of this form authorizes the provider to order the hearing aids, accessories, or the product specified from the manufacturer using the designated hearing health care bill to account number and the provider's bill to account number.

By signing this form, you acknowledge that all of the above services were authorized on the date of service indicated above.

Patient's Signature at Delivery: _____ Date: _____

Provider's Signature at Delivery: _____ Date: _____

Please fax this completed form and Manufacturer's Packing Slip to 888.844.3713

Please call the Amplifon Workers' Compensation Team if you need assistance at **1-888-319-9206**