

Insurance Claim Form

An incomplete claim form will delay your claim. Please complete the Policy Holder/Claim Information requested below. Have your Practitioner complete the Hearing Instrument Information section and send a copy of this claim form to Midwest within 90 days of the occurrence. **Both the Policy Holder AND the Practitioner's signatures are required** before Midwest can process your claim. **Once processed, Midwest will send a letter regarding the status of your claim to you, the policy holder, at the mailing address shown below and to the practitioner.**

Policy Holder/Claim Information

The information below is to be completed by the hearing instrument wearer or the parent/guardian of the wearer. Please pay particular attention to **numbered items below** that are essential to processing your claim.

1 Wearer Name _____

Guardian Name _____
(If applicable)

Mailing Address _____

City/State/Zip _____

Phone Number _____

2 Date of occurrence _____ Month/Day/Year
(Specific month/day/year required)

3 The reason for your claim (select one)
 Loss (Describe the events surrounding the loss)

Damage Repair/Service Repair
 (Describe the malfunction—for example, component failure.)

Damage Beyond Repair
 (Describe the unintentional events surrounding the damage.)

Sworn Statement Signatures

I certify that the information on this form is true and correct. I further understand that filing a dishonest or fraudulent claim is unlawful. The Wearer requests Midwest to send the authorization letter to the Practitioner named on this form.

4 Wearer Signature _____
 (Or guardian) _____ Date _____

Hearing Instrument Information

The information below is to be completed by the Practitioner. Areas marked by **arrows A - C** (below) are essential to processing this claim. Please see reverse for additional claim procedure information.

Policy # _____

Please supply the information regarding each claimed device:

Specifics	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left Ear
A Serial #		
Model		
Manufacturer		

Style (Check the appropriate box.)

BTE RIC ITC HS
 ITE CIC MC Other _____

Remote /Transmitter Serial # _____

B Practitioner Information

Office Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Practitioner Fax Machine _____

Practitioner E-mail address _____

Please transmit completed form to Midwest's claim **FAX 952-835-9481**. Once processed, Midwest will mail a response. In addition, practitioners may request information be sent via Fax or E-mail (check box above).

C Practitioner Signature _____

Date _____

For Midwest Office Use only.

4D L _____ D _____
 Cov _____ Code _____
 PH# _____

Once Midwest has received, processed and approved a **signed and completed claim form**, the claim procedure is as follows:

1. Midwest

Send authorization letter (which includes bill to, and authorization number) to the practitioner within 1 business day.

2. Practitioner

Fill out repair/loss and damage form for the appropriate manufacturer, using the bill to and PO number provided on the Midwest authorization letter. Please send a copy of the Midwest authorization letter along with the manufacturer order form to the manufacturer. **All orders should be sent directly to manufacturer.** Please do not send hearing instruments to Midwest.

3. Manufacturer

Repaired/Replaced instruments will be returned to your office. The manufacturer will bill Midwest directly. If a replacement product is necessary and that product is no longer available from the manufacturer, a like kind and quality will be substituted.

4. Receiver Replacement in Office

Complete claim form and submit to Midwest for review. When approved, an authorization for a new receiver will be sent to your office. You may replace the patient's receiver and use the authorization number to replenish your stock.

5. Earmold Replacement

Please note the earmold is only covered if the BTE hearing instrument is replaced. Order the earmold directly from your earmold manufacturer and send the invoice to Midwest for reimbursement.

CONTACTING MIDWEST

To contact a Midwest customer service representative regarding a claim, please use the numbers listed below:

Midwest Customer Service800-821-5471

Midwest Claim FAX952-835-9481