

Wyoming Miners' Hospital Board Hearing Aid Assistance Program

Claim Form – Group Number 0004443

Form Revised May 2018

THIS SECTION TO BE COMPLETED BY THE MINER

Name: \_\_\_\_\_ MHB ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize release of any and all medical records related to the evaluation and purchase of a hearing aid through the Wyoming Miners' Hospital Board Hearing Aid Purchase Assistance Program to EBMS, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDER INFORMATION & CLAIM FORM

THIS SECTION TO BE COMPLETED BY THE AUDIOLOGIST OR HEARING AID SPECIALIST

This Claim Form must be completed in its entirety before consideration can be granted for payment by the Wyoming Miners' Hospital Board. PLEASE NOTE THAT BENEFIT INFORMATION AND INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE PRINTED ON THE REVERSE SIDE.

Complete the following:

Date of device fitting \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Date of device repair \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of other group insurance plan and group number:

Primary Insurance \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Group Number \_\_\_\_\_

Is Medicare the miner's only other coverage:  Yes  No  N/A

Is this claim for hearing aid(s) repair only:  Yes  No Please Note: Reimbursement is limited to two (2) repairs per aid for the life of the hearing aid, up to \$250 per aid, per repair. Documentation of repair costs must be included with this claim form.

Recommendation is as follows:

He/She is a candidate for a hearing aid/aids in the: \_\_\_\_\_ Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_ Binaural

Right Ear Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Left Ear Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

TOTAL HEARING AID CHARGE \$ \_\_\_\_\_

The Wyoming Miners' Hospital Board Hearing Aid Purchase Assistance Program Benefit will be paid to:

Name \_\_\_\_\_ Provider's Tax ID # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

As the provider, I understand that should the hearing aid be returned within the 30-day money back guarantee period, I will refund the benefit to the program at the address below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTE TO PROVIDERS & MINERS: WYOMING MINERS' HOSPITAL BOARD (WMHB) HEARING AID PURCHASE ASSISTANCE PROGRAM PAYS DIRECTLY TO THE PROVIDER AND DOES NOT REIMBURSE THE MINER EXCEPT FOR SPECIAL CIRCUMSTANCES.**

**HEARING AID CLAIMS MUST BE ACCOMPANIED BY**

- 1. STANDARD HCFA OR WMHB CLAIM FORM**
- 2. A PURCHASE AGREEMENT MUST BE PROVIDED FOR REVIEW BY EBMS**
- 3. AN EXPLANATION OF BENEFITS\*\* (EOB) FROM THE MINER'S PRIMARY AND SECONDARY INSURANCE**
- 4. A COPY OF THE AUDIOGRAM.**

**\*\*IF THE MINER'S COVERAGE IS MEDICARE ONLY, NO EOB IS NECESSARY. HOWEVER, DOCUMENTATION FROM ANY MEDICARE SUPPLEMENTAL PROGRAM IS REQUIRED.**

**CLAIMS MUST BE SUBMITTED BY JUNE 30TH OF THE FOLLOWING YEAR.**

Please send this claim form and documentation to:

**EBMS, Inc.  
P.O. Box 21367  
Billings, MT 59104-1367  
Toll Free (877) 240-2435 • Fax (406) 652-5380**

**BENEFIT PROCESS FOR A FIRST SET OF HEARING AIDS**

1. Confirm with EBMS (1.877.240.2435) or the WMHB office that the miner is registered and that records are up to date and capture the miner's effective date.
2. Funding for hearing aids will not be provided if the hearing aids are sold to the miner prior to being registered. *(Do not assume the miner is registered and in good standing just because they have an ID card. Protect yourself and confirm enrollment is current.)*
3. There will be repercussions for those providers who backdate hearing aid claims which include being excluded as a WMHB provider.

**BENEFIT PROCESS FOR A SUBSEQUENT SET OF HEARING AIDS**

Financial assistance for a subsequent hearing aid or set of hearing aids is available.

1. Confirm with EBMS (1.877.240.2435) that the miner is registered and that records are up to date and capture the miner's effective date.
2. Confirm with EBMS that the miner has received funding toward hearing aids previously and has not received benefits for a hearing aid purchase with the last 5 years.
3. Claims for a subsequent set of hearing aids must reviewed by EBMS. Include with the claim a copy of the EOB from the miner's primary insurance, a current audiogram, the purchase agreement.

**BENEFIT PROCESS FOR REPAIR OF HEARING AIDS**

1. The Miner's Hospital Board will assist with payment for repairs after expiration of the warranty or extended warranty period.
2. Repairs do NOT need to be submitted to primary or supplemental insurance prior to submitting to EBMS.
3. Repair claims are to be sent to EBMS on this form with documentation of repair cost.