

Hearing Aid(s) Prior Authorization Form-Optional

Fax completed form to: 608-252-0830

**Pre-Service Non-Urgent (Physician Signature NOT Required)****Pre-Service Administratively Urgent (Physician Signature NOT Required)**

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

Pre-Service Medically Urgent (Attending Physician Signature REQUIRED Below)

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member’s life, serious bodily injury or pain that cannot otherwise be managed.)

Attending Physician Signature: _____ **Date:** _____

PATIENT DEMOGRAPHICS		
Patient Name:	Date of Birth:	
Member ID:	Phone Number:	
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION		
Provider Name:	Provider #	Phone #:
Street Address:		Fax #:
City:	State:	Zip Code:
Provider #:	Specialty:	

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION		
Referred To:	Phone #	
Street Address:		Fax #
City:	State:	Zip Code:
Specialty:		

REQUEST INFORMATION				
Date (s) of Service:	Diagnosis Code(s):	ICD Code(s):		
CPT Codes and Description:				
# of Visits	3 rd party liability:	W/C	MVA	Other

Hearing Level Assessment**Left Ear (X)****Right Ear (0)**

Hz	dB level	Hz	dB level
1000		1000	
2000		2000	
3000		3000	
4000		4000	
Total		Total	

FORM SUBMITTED BY:		
Name:	Phone:	Fax:

For further information on hearing aids, please see the medical policy, [Hearing Aids MP9445](#).

The optional completed form can be faxed to: (608) 252-0830.

If you have any questions regarding the services or form, please contact Customer Service at 877-230-7555 or review [Prevea360 Health Plan’s Medical Management](#) site. Requests to non-plan providers must be approved prior to obtaining services.