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Northwest Lions Foundation for Sight and Hearing AUDIENT Program Provider Participation Agreement

There are patients in your community who can qualify for hearing care benefits through the AUDIENT Program, an alliance for accessible hearing care, a program developed by Northwest Lions Foundation for Sight & Hearing. The mission of the AUDIENT program is to assist in bringing accessible hearing care and hearing aids to underserved populations. The AUDIENT Program helps the income qualified patient gain access to hearing care and select product formulary from five manufacturers with earmolds from Westone. As a partner in the AUDIENT alliance, EPIC's Hearing Service Plan (HSP) handles all patient paperwork, payments and coordination of provider services to AUDIENT patient referrals. Below is a summary of protocol and reimbursement process for the AUDIENT program.

Appointments: The patient will contact your office to schedule an appointment for a hearing aid consultation. Follow your normal office protocol for scheduling and registration.

Patients may have a current hearing test and will provide a copy at the time of their appointment. If a patient requires a hearing test, then the provider office will seek reimbursement under patient's personal health insurance. For those patients who do not have insurance coverage, the provider may collect the fee from the patient.

Hearing Aid Evaluation: Hearing providers are encouraged to make clinical decisions based upon the results of clinical measurement.

Participating manufacturers for this program are: Oticon, Phonak, Siemens, Unitron, Resound, Widex and Starkey

Ordering: After a patient has been evaluated and hearing aids have been recommended the provider completes a simple form with the hearing aid recommendation and faxes it back to EPIC. EPIC will send the provider an authorizing P.O. number to place the order with easy ordering instructions. EPIC coordinates all payments to the manufacturers. The provider orders the hearing aid(s) from the manufacturer, takes title from the manufacturer, and provides the hearing aid(s) to the patient. **The provider does not collect the purchase price from the patient or remit it to the manufacturer. EPIC HSP handles collections from the patient and remits the purchase price to the manufacturer as a third party administrator.**

Payments: All payments and billing are centralized and coordinated by EPIC HSP for hearing aid benefits and services covered under the AUDIENT Program that are not covered by patient's personal health insurance. Providers under these plans cannot bill or collect from a patient for covered benefits and services. Patients will not be reimbursed by these plans.

Provider Reimbursement

The hearing care provider’s fee is for your professional time and services of the following services: selecting, ordering, fitting of hearing aid(s), a minimum of three appointments including adjustments during the one year warranty period, and completing the IOI-HA survey together with the patient upon sign-off. The provider reimbursement fee is independent of the hearing aid model:

- **\$250.00 PER EAR for BASIC level hearing aids** (these hearing aids retail for \$495 through the program and are designated on the product catalogue pages)
- **\$350.00 monaural fitting** for all other hearing aids listed on product catalogue
- **\$500.00 binaural fitting** for all other hearing aids listed on product catalogue

Provider reimbursement is paid to the provider within seven days after fax receipt of the signed completion form after the maximum 30-day patient trial period.

Hearing aids that have been returned to the provider within the 30 day trial period and in good condition will require return of the full cost to the AUDIENT patient. Provider will waive the fitting fee.

The EPIC Hearing Service Call Center provides telephone support to you at all times for any questions you may have regarding the patient’s process and hearing welfare in general. We look forward to our professional relationship with your office staff.

Term and Termination: This Agreement shall commence as of the effective date and shall continue in effect until either Provider or NHC terminates this Agreement by providing the other parties with at least thirty (30) days advance written notice; provided, however, that termination shall not relieve Provider from furnishing all professional services and selling hearing aids in accordance with the terms and conditions of this Agreement for each AUDIENT patient from whom the global fee was collected prior to the termination date of this Agreement.

I/We have read the above information on the hearing benefits through the AUDIENT PROGRAM and agree to the terms and provisions as a participating provider.

Practice Name: _____

Practice Address: _____

Note: Please attach list of additional locations on a separate page.

Professional License Number: _____

Website : _____ **Email:** _____

Business Phone: _____ **Fax:** _____

Authorized Signer (Please Print) : _____

Signature : _____ **Date:** _____

Contact Person for Patient Referral: _____

How did you hear about the program? _____

Please sign and fax to: 1-909-348-0070

Thank you!