# Oticon Medical Insurance Support Services

Oticon Medical Insurance Services Team is here to make the process simple and easy for you and your hospital or clinic. We will work with you to do everything from verification of benefits to submitting the paperwork to insurance providers to request and receive
pre-authorization for the procedure. We do this in a confidential and private manner to protect your healthcare information at every step of the process.

**Checklist to be completed by the ENT and Audiologist:**
*(please note that Physicians and Audiologists are familiar with these forms and the documentation that is needed)*

- ☐ **Insurance Services Intake Form (Pages 2 & 3)**
- ☐ **Letter of Medical Necessity - must be signed by ENT (Page 4)**
- ☐ **Relevant, Recent Clinical Notes (can be from ENT, Audiogram or ABR)**

Please be sure to complete most recent Audiogram or ABR and sign the applicable Letter of Medical Necessity (Please refer to Page 4) Once you have completed all the documents listed above, please send via mail or fax as listed below:

Oticon Medical
580 Howard Avenue
Somerset, New Jersey 08873
Phone: 1.855.400.9761
Fax: 888.683.8736
Email: InsuranceServices@oticonmedical.com

If any of these documents are missing, we will not be able to begin the process. So please be sure you send ALL of these documents completed. Please note that additional documentation will be required from the patient. For the full list of documents, please go to www.oticonmedical.com/us/bone-conduction/new-to-bone-conduction/getting-a-ponto/insurance-support. Please feel free to contact us if you have any questions or need assistance.

For your convenience, these forms are also available on our website allowing you to complete and submit electronically. Please visit www.oticonmedical.com/us under Insurance Support.

# Insurance Services Intake Form

Return this completed and signed form to:
Oticon Medical, 580 Howard Avenue, Somerset, NJ 08873
Phone: 1.855.400.9761 | Fax: 888.683.8736 | InsuranceServices@oticonmedical.com

**To be completed by ENT/Physician**

## PHYSICIAN INFORMATION

*Must be completed by ENT, Physician and/or clinic's representative*

Physician: _____ Office Contact: _____
Address/City/State/Zip: _____
Phone: _____ Fax: _____
TIN: _____ NPI: _____
Email: _____

## AUDIOLOGIST INFORMATION

☐ **Ship to Clinic** *(please use shipping address if shipping to clinic)* ☐ **Ship to Patient**

Account Number:_____
Audiologist: _____ Office Contact: _____
Address/City/State/Zip: _____
Phone: _____ Fax: _____
TIN: _____ NPI: _____
Email: _____

## PATIENT INFORMATION

☐ Patient Name: _____
☐ Patient Phone Number: _____
☐ Patient Email: _____

## Preferred email for updates

☐ Email: _____

# Insurance Services Intake Form (Con't)

## PONTO 5 Processors

| Qty. | Model | Ponto Color (choose one) | | Ponto 5 or Ponto 5 SuperPower, (choose one free accessory per processor) |
|---|---|---|---|---|
| _____ | Ponto 5 SuperPower | ☐ Chroma Beige | ☐ Steel Grey | ☐ ConnectClip |
| _____ | Ponto 5 Mini | ☐ Chestnet Brown | ☐ Silver | ☐ Remote |
| | | ☐ Black | ☐ Terracotta | ☐ EduMic |
| | | | | ☐ TV Adapter 3.0 |

### SOFTBAND

#### Size XS/S

| Color Options | Unilateral | | Bilateral | |
|---|---|---|---|---|
| COLORS | PART # | QTY | PART # | QTY |
| Black | 227690 | ____ | 227702 | ____ |
| Beige | 227693 | ____ | 227705 | ____ |
| Light Blue | 227694 | ____ | 227706 | ____ |
| Navy Blue | 227696 | ____ | 227708 | ____ |
| Pink | 227695 | ____ | 227707 | ____ |
| Dark Brown | 227691 | ____ | 227703 | ____ |
| Light Brown | 227692 | ____ | 227704 | ____ |
| Red | 227697 | ____ | 227709 | ____ |

#### Size M/L

| Color Options | Unilateral | | Bilateral | |
|---|---|---|---|---|
| COLORS | PART # | QTY | PART # | QTY |
| Black | 227686 | ____ | 227698 | ____ |
| Beige | 227689 | ____ | 227701 | ____ |
| Light Blue | 267634 | ____ | 267638 | ____ |
| Navy Blue | 267636 | ____ | 267640 | ____ |
| Pink | 267635 | ____ | 267639 | ____ |
| Dark Brown | 227687 | ____ | 227699 | ____ |
| Light Brown | 227688 | ____ | 227700 | ____ |
| Red | 267637 | ____ | 267641 | ____ |

Unilateral

Bilateral

### MISCELLANEOUS

| PART # | DESCRIPTION | QTY |
|---|---|---|
| 226779 | Connector Pads for Softband 5 (Set of 20) | ____ |
| M51177 | Ponto Care Kit | ____ |
| 19900-4000 | Pediatric Care Kit | ____ |
| 173365 | Safety Clip | ____ |
| M50029 | Safety Line | ____ |
| 173391 | SoundConnector | ____ |

**RETURN AND EXCHANGE POLICY**

Oticon Medical Processors & Accessories can be returned or exchanged within 90 days of the shipment date at no charge. To receive a credit, less shipping, handling and insurance charges, please call 1.888.277.8014 to request a Return for Credit form. The form must be filled out and returned along with the product.

# Letter of Medically Necessary Equipment and Supplies

**Must be completed by ordering Physician**

**Supplier/Provider Information**

Oticon Medical LLC
580 Howard Avenue
Somerset, NJ 08873

Phone: 1.855.400.9761
Fax: 888.683.8736
NPI: 1861728479
Tax ID: 80-0400458

**Requesting/Ordering Provider**

Provider: _____

Address: _____

Phone: _____

Fax: _____

NPI: _____

Patient: _____ Date of Birth: _____

Address: _____

Side(s) to be implanted/worn (new requests only; : ☐ Right ☐ Left

Date(s) of Original Implant (replacement/upgrade request only): Right _____ Left _____

Current Processor(s) (replacement/upgrade request only): _____

Date Current Processor(s) Originally Fit (replacement/upgrade request only): _____

ICD-10 Diagnosis Code(s): _____

**Equipment and Supplies Needed:** Please provide brief description of the device ordered:

| Select | Qty. | Description | Select | Qty. | Description |
|---|---|---|---|---|---|
| ☐ | ____ | **L8691**: Auditory osseointegrated device, external sound processor, replacement (Ponto sound processor) | ☐ | ____ | **L8694**: Auditory osseointegrated device, transducer/ actuator, replacement only, each |
| ☐ | ____ | **L8692**: Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment (Ponto sound processor and softband) | ☐ | ____ | **L9900**: Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code (misc.) |
| ☐ | ____ | **L8621**: Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each | ☐ | ____ | **L7510**: Repair of prosthetic device, repair or replace minor parts |
| ☐ | ____ | **L8690**: Auditory osseointegrated device, includes all internal and external components | ☐ | ____ | **69714**: Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |

**Estimated Length of Need**

☐ Lifetime ☐ Other: _____

**Signature**

I certify that I am the treating physician or authorized health care provider for this patient and have reviewed this order to certify the use of the equipment/supply is medically necessary for my patient's condition.

Physician Name: _____ Date: _____

Physician Signature (including credentials): _____

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