

SoundCare[®] Benefit Guide

Completion Of Claim Form

Part 1: The member should complete the requested information. If the information requested in a section does not apply, the member should mark the "NO" box. Failure to complete any section could result in a delay in processing the claim until the requested information is received.

#12 and #13: The member needs to sign this section in order to authorize payment directly to the hearing health care professional. The member may also indicate that the payment is not to go to the hearing health care professional.

Part 2: This entire section is completed by a hearing health care professional. Instructions to the hearing health care professional for completing this section are included on the claim form.

#24: The hearing health care professional's signature is required to certify the listed services were performed on the dates indicated. SoundCare claims and pretreatment estimates can be mailed or faxed to:

Ameritas Life Insurance Corp.
Group Claims Department
P.O. Box 82520
Lincoln, NE 68501-2520
Fax: 402-467-7336

Note: The claim form is included and may be duplicated as needed. A copy of the form may also be obtained from our website, ameritasgroup.com, under the "Forms" section.

We accept any standard claim form as submitted by your hearing health care professional. Members may also contact our claims department for faxed copies at 877-359-8346.

Pretreatment Estimate

A big advantage of hearing benefits with Ameritas is the ability for the member to find out how much the coverage will pay before the hearing health care professional does any extensive work. A pretreatment estimate outlines procedures covered before incurring large expenses.

A pretreatment estimate is not a preauthorization. The terms of the plan must be met before any actual benefits are released. Pretreatment estimates are not required.

How To Request A Pretreatment Estimate

The member needs to complete and sign a claim form for the pretreatment estimate of benefits the same as he or she would if the procedures had already been completed. The hearing health care professional, however, will not list the date of service and will not sign the form before sending it to Ameritas.

We will review the procedures and estimate the benefits payable under the terms of the policy. We will send the pretreatment estimate to both the hearing health care professional and the member.

Verification Of Member Coverage

After receiving a claim on a member, we verify the employee's eligibility through the information the policyholder provides with the monthly premium payment regarding enrollments, terminations, and changes. For this reason, it is very important that the policyholder provides this information on a timely basis.

Hearing Coverage Limitations

Your policy contains provisions that limit coverage of hearing procedures under certain conditions. Refer to the policy to determine the specific provisions that apply. These provisions may be found in the "9290 — Limitations" section of the policy. For clarification of a provision, please call our claims department at 877-359-8346.

Members are encouraged to review the provisions before incurring expenses that may not be covered.

A Valuable Resource For Our Members

Through our arrangement with EPIC [Ear Professionals International Corporation], we're pleased to tell SoundCare members about an additional value, available nationwide where EPIC's alliance provides care.

- EPIC's trained hearing counselors will help our members find an EPIC alliance provider, schedule an exam, receive treatment, submit a claim and more.
- EPIC identifies and screens qualified experts in hearing evaluation and treatment. The EPIC alliance for care includes ear physicians, ENTs and audiologists.
- EPIC maintains working relationships with the major manufacturers of hearing devices and equipment. They research and evaluate hearing aid technology. And they negotiate the best prices for treatment protocols including hearing aids.
- For more information on EPIC, contact us at 877-359-8346.

hearing care

group claim form

Group Claim Office
 P.O. Box 82520 / Lincoln, NE 68501-2520
 toll free 877.359.8346
 fax 402.467.7336
 web ameritasgroup.com



PART 1 – TO BE COMPLETED BY EMPLOYEE

1. Patient's full name (first, middle initial, last)	2. Patient birthdate (MM/DD/YY)	3. Relationship to employee <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F
5. Employee's full name (first, middle initial, last)	6. Employee's identification number Employee's birthdate (MM/DD/YY)		
7. Employee's mailing address (Street address or P.O. Box, City, State, ZIP) Email address	8. THIS SECTION MUST BE COMPLETED WITH EACH CLAIM SUBMISSION ONLY IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER Is patient a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name and address of school		
9. Employer (company) name and address	10. Group number	Division number	Certificate number
11. Other employee/subscriber name	Employee/subscriber ID number	Date of birth (MM/DD/YY)	Relationship to patient
12. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of treatment. I certify these statements to be true and complete to the best of my knowledge. X Signature (patient, or parent if minor) _____ Date _____	13. I hereby authorize payment directly to the below named provider of group insurance benefits otherwise payable to me. X Signature (insured person) _____ Date _____		

PART 2 – TO BE COMPLETED BY ATTENDING HEARING CARE PROVIDER.

14. Hearing care provider name and mailing address	For Yes answers to questions 16-19, enter a brief description and date.
Specialty	16. Is treatment result of occupational illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number Fax number	17. Is treatment result of auto accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email	18. Other accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Federal tax ID number <input type="checkbox"/> SSN <input type="checkbox"/> TIN NPI (National Provider Identifier)	19. If hearing aid, is this initial placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason for replacement, and date of prior replacement
License / ID #	20. This is a (please check one): <input type="checkbox"/> Statement of actual services <input type="checkbox"/> Pretreatment estimate

21. EXAMINATION AND TREATMENT RECORD Please include date of service, description of services, procedure code and fee.						
Date service performed (MM/DD/YY)	Description of services	CPT/HCPCS procedure code	Diagnosis code	Left ear	Right ear	Fee

22. Remarks	23. Total \$
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24. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes. X Signature (Provider) _____ Date _____	25. Address where treatment was performed
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TO BE COMPLETED AFTER TRIAL PERIOD

<p>26. Provider measurement outcome Test utilized: <input type="checkbox"/> PROB MIC <input type="checkbox"/> COSI <input type="checkbox"/> APHAB <input type="checkbox"/> HINT <input type="checkbox"/> other</p> <p>Signature below from both Hearing Aid Provider and Patient are required upon completion of patient TRIAL period to validate patient's satisfaction and decision to keep the hearing aid(s). Please fax this signed authorization and agreement form back to Ameritas.</p> <p>Fax Number: 402.467.7336</p>	<p>27. Hearing aid information</p> <p>Patient was fit with hearing aids on Date: _____</p> <p>Hearing aids serial numbers Right: _____</p> <p>Hearing aids serial numbers Left: _____</p>
<p>28. Signatures</p> <p><input type="checkbox"/> Patient has finalized hearing aid purchase.</p> <p><input type="checkbox"/> Patient has returned hearing aid(s). New recommendation will be made. NEW AUTHORIZATION FORM REQUIRED PRIOR TO ORDERING.</p>	<p>X _____ Signature (Patient) Date</p> <p>X _____ Signature (Provider) Date</p>

tips

how to speed claims processing

part 1 – employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

#2 Patient birthdate

Helps identify an insured and determine dependent eligibility.

#6 Employee's identification number

This is the most important identifier for the plan member.

#8 Student status

Because this information often changes, it is required on every claim for dependents age 19 years and older.

part 2

To help expedite the claims process, please be sure to include:

#15 National Provider Identifier

There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#19 Hearing Aid - Initial Replacement?

Required for hearing aids. If not initial replacement, prior placement date is needed.

#20 Statement of actual services, or Pretreatment estimate

Appropriate box should be marked to ensure correct handling.

#21 Supporting Documentation

Narratives may be submitted. Documents should be dated and legible. Please indicate both, left or right. All supporting documentation should be current within one year. Procedure codes listed are based on CPT and/or HCPCS.

pretreatment estimate of benefits

We recommend a pretreatment estimate of benefits when a plan member considers the services to be expensive. A pretreatment estimate lets both the member and hearing care provider know in advance how much insurance will pay. If hearing care coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

website

Visit our website for electronic forms and contact information. Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.

fraud warning statements

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Indiana: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

New Hampshire: Any person who with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638.20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Virginia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

If you live in a state other than mentioned above, the following statement applies to you: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.

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