

Coal Contract Claim Worksheet

Patient:	Member ID Number:
Address:	ICD-10 Diagnosis Code:
City, State, Zip:	Insurance Plan (circle): UMWA Consol Healthscope Peabody UMR Peabody BCBS VEBA Healthsmart Arch Coal UMR Arch Coal BCBS
Phone:	
Date of Birth:	
Gender of Patient: Male Female	

Policy Holders Name: _____ **Date of Birth:** _____

Relationship to patient (please check): ___ Self ___ Spouse ___ Child ___ Other

Service Facility Information

Provider Name:	Provider NPI:
Facility Name:	Office NPI:
Facility Address:	Tax ID:
City, State, Zip	Phone:
Contact Name & Email:	

New Hearing Aid Claim Codes (please check):

- V5200 – Cros Dispensing Fee
- V5240 – Bi-Cros Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee

- V5181 – Cros – BTE / RIC
- V5221 – Bi-Cros – BTE / RIC
- V5254 – Monaural CIC / IIC
- V5255 – Monaural ITC / HS
- V5256 – Monaural ITE
- V5257 – Monaural RIC / BTE
- V5258 – Binaural CIC / IIC
- V5259 – Binaural ITC / HS
- V5260 – Binaural ITE
- V5261 – Binaural RIC / BTE

If impressions are being sent, DO NOT email paperwork separately. Please put all required paperwork in the box with the impressions and send to Starkey – ATTN: Start Hearing.

Standard orders with required paperwork can be emailed to: claims@starhearing.com

Service Claim Codes

Modifier

- | | |
|---|----------|
| <input type="checkbox"/> V5011 – Clean / Check | LT RT |
| <input type="checkbox"/> V5013 – Programming | LT RT |
| <input type="checkbox"/> V5014 – Hearing Aid Repair | LT RT |
| <input type="checkbox"/> V5299 – Repair Re-fit Fee | LT RT |
| <input type="checkbox"/> V5014 and V5299 are billed together on all repair claims | |

Date for Service Claim: _____

Replacement Products will be ordered under the Start Hearing account. No charge to provider.

To place orders for replacement earmolds and AP receivers, send claim worksheet with order form to Start Hearing.

- | | |
|--|----------|
| <input type="checkbox"/> V5264 – Replacement Earmold | LT RT |
| <input type="checkbox"/> S1002 – Replacement AP Receiver | LT RT |
| <input type="checkbox"/> S1001 – Replacement Receiver | LT RT |

For replacement standard receivers, fill in the information below:

Left: _____ **Right:** _____
Length: _____ **Length:** _____
Gain: _____ **Gain:** _____