



AudioNet Contracted Provider Guide

Effective January 2025

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Start Hearing Contact Information

Start Hearing Provider Support.....1-888-819-9345

Claims Email.....claims@starhearing.com

Start Hearing Credentialing Department.....1-800-510-4194

Credentialing Email..... credentialing@starhearing.com

Start Hearing Website..... starhearing.com

Information Requests..... request@starhearing.com

Provider Forms/Documents starhearing.com/downloads

AudioNet America audionetamerica.com

Starkey – ATTN: StartHearing 6700

Washington Ave S

EdenPrairie, MN 55344-3405

WHEN SENDING CUSTOM ORDERS, PLEASE DO NOT EMAIL PAPERWORK UNLESS SCANS ON FILE ARE USED. PLEASE SEND THE REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.



AudioNet Phone Numbers

The provider must call the appropriate number below for authorizations and payments, when required, before services are rendered.

Auto Workers – Fiat Chrysler Active.....	586-782-6435
Auto Workers – GM Active.....	586-239-0242
Cardinal Carryor Employees & Dependents.....	586-265-5465
Charter Township of Clinton Employees & Retirees.....	586-519-0082
Chicago Tile Institute.....	586-519-0082
Circle K.....	586-265-5465
City of Spokane, WA.....	586-265-5465
City of Westland Michigan.....	586-840-1360
County of Kings, CA.....	586-265-5465
Dawn Foods Employees & Dependents.....	586-265-5465
Detroit Manufacturing.....	586-265-5465
Eyetopia 180/330H Year 1, 2 & 3.....	586-250-2731
FCA/Stellantis/Chrysler Salaried Active Employees and Salaried Retiree Choice Retiree (RCR) Employees and Dependents.....	586-782-6435
Great Lakes Fishery Commission.....	586-519-0082
Italmatch Chemical.....	586-840-1360
Journeymen & Apprentices of Local 188 H&W Fund.....	586-840-1360
Macomb County Retirees.....	586-519-0082
Macomb Community College.....	586-840-1360
Marlette Regional Hospital.....	586-265-5465
Massachusetts Rehabilitation Commission.....	586-250-2731
McKinley Properties.....	586-519-0082
Meridian Complete – Medicaid.....	586-404-4810
Michigan Complete Health.....	586-404-4810
National Elevator Industry (NEI).....	855-800-7147
Peterson Holding Co. Union PPO & Kaiser.....	888-413-6675
Plumbers & Fitters Local 295 H&W Fund.....	586-840-1360
Plumbers & Pipefitters Local 123 H&W Fund.....	586-265-5465
Plumbers & Fitters Local 803 H&W Fund.....	586-840-1360
Sheet Metal Workers Local Union No. 20 W&B Fund.....	586-840-1360
Rancho Santiago Community College District Retirees.....	586-840-1360
South Dakota Vocational Rehab.....	586-250-2731
Teamsters – Ohio Contractors Association H&W Fund.....	586-840-1360
YKK Dependent.....	586-265-5465
YKK Employees.....	586-840-1360
YKK Tape Craft Corporation.....	586-265-5465

General Information

Start Hearing will be collecting patient out-of-pocket amounts for the following AudioNet groups:

- Charter Township of Clinton Retirees
- FCA/Stellantis/Chrysler Salaried Active Employees
- FCA/Stellantis/Chrysler Salaried Retiree Choice Retiree (RCR)
- Great Lakes Fishery Commission
- Italmatch Chemicals
- Macomb County Retirees
- Massachusetts Rehabilitation Commission
- McKinley Properties South Dakota Vocational Rehab
- UAW – Chrysler Active
- UAW – GM Active

Payment:

- Payments for the groups listed above will need to be collected at the time of fitting. For payments, please call Start Hearing at 1-800-733-2588 and payment will be processed over the phone.

Authorizations:

- Authorizations are specific to provider and location. The authorized provider must test and fit the patient.
- If one provider tests but another will be fitting the patient, the fitting provider must be added to the current authorization with AudioNet, or a new authorization must be obtained.

Eligibility and co-pay fees:

- Each group has their own out-of-pocket fees which will be collected by Start Hearing or by AudioNet directly.

START HEARING

Patients in the below groups MUST pay their co-pay amounts to AudioNet BEFORE the order can be placed:

- Cardinal Carryor
- City of Spokane, WA
- City of Westland Michigan
- County of Kings, CA
- Eyetopia 180/330H Year 1, 2 & 3
- Dawn Foods Employees & Dependents
- Detroit Manufacturing
- Journeymen & Apprentices of Local 188 H&W Fund
- Macomb Community College
- Marlette Regional Hospital
- Peterson Holding Co. Union PPO & Kaiser
- Plumbers & Fitters Local 295 H&W Fund
- Plumbers & Pipefitters Local 123 H&W Fund
- Plumbers & Pipefitters Local 803 H&W Fund
- Sheet Metal Workers Local Union No. 20 W&B Fund
- YKK Dependents
- YKK Employees
- YKK Tape Craft Corporation

Earmolds and receivers:

- No charge to the patient with the initial order or if ordered within the trial period.
- Replacement earmolds are processed on the provider's commercial account.
 - Patient is charged \$40 per mold.
- Children up to age 3 are covered for 4 replacement earmolds per year at no charge to the patient.
- Children ages 4-7 are covered for 2 replacement earmolds per year at no charge to the patient.

Absolute Power Receivers:

- Covered at no charge to the patient or provider when ordered with new hearing aids or within the trial period.
- Replacement APs are ordered under the provider's commercial account
 - Patient is responsible for the invoice total.

Hearing aid services:

- Programming, cleaning, adjustments performed within the first 6 months after fitting are free to the patient.
- After 6 months, the patient may be charged \$20 per visit.

Repairs:

- Repairs are processed on the provider's commercial account.
- Provider may charge usual and customary rates for out-of-warranty repairs.

L&D replacement:

- L&D charges must be billed under the Start Hearing account [E6048](#).
- Providers can charge the patient a dispensing fee of \$150 for one hearing aid or \$250 for two hearing aids.
- An additional \$50 may be charged to the patient if the service takes place after 6 months from the fitting date and a new audiogram is required.
- L&D forms should be emailed to claims@starthearing.com

Returns and exchanges:

- Must be done within the 45-day trial period.
- If hearing aids are returned, the provider may only keep the testing fees (S0618, V5010, V5020).
- Other billed fees must be remitted to Start Hearing and out-of-pocket fees returned to the patient.

Batteries:

- Each hearing aid will ship with 48 complimentary batteries. Additional batteries will be patient responsibility.

Process Overview

The following information pertains to ALL groups under AudioNet. Each contract will have specific information on the following pages. Evaluations, fittings and follow-up services are required to be performed by a Start Hearing credentialed audiologist or ENT. Authorizations are specific to provider and location. The authorized provider must perform the testing AND fitting. If another provider performs the fitting, the provider must contact AudioNet to update the authorization. There are a few contracts that will allow a credentialed HIS or HAD. Please see specific contract information below.

1. Patient will be referred to a Start Hearing network provider by AudioNet.
2. The provider must call AudioNet at the designated number listed on page 5 for the ID and authorization numbers.
3. Provider will send the supporting documentation to Start Hearing:
 - a. AudioNet Claim Worksheet or Rehabilitation Authorization forms.
 - b. Audiogram Must be signed and dated by the authorized provider.
4. Please visit our new provider portal linked [here](#). You can process referrals, appointment outcomes, place orders, process payments and signatures all in the portal. You can access the provider portal resources [here](#) to learn more! If you're not a portal user, please continue with the steps below.
5. The provider will place hearing aid order with Starkey, using the Start Hearing bill-to-account number, [E6048](#).
 - a. **Order forms** can be found [here](#). Go to the bottom of the page, under Printable Forms and choose the Start Hearing tab to view the correct order forms. All active product families are available based on the technology levels in the charts below.
 - Medical Clearance: For GM Active – first time hearing aid wearers only
 - Impressions when necessary
 - Custom products:
 - All paperwork must be sent with the impressions to Starkey, ATTN: Start Hearing.

1. The provider will fit the patient and complete the Confirmation of Delivery form, which must be signed by the authorized provider and patient.
 - Contracts that require the member to pay their out-of-pocket fees directly to AudioNet must do so BEFORE the order is placed. Please see specific information under the contract.
2. Provider will return the completed Confirmation of Delivery form to Start Hearing by faxing the form to [952-995-8884](tel:952-995-8884) or by email to: claims@starthearing.com.

Testing only claims

1. Patient will be referred to a Start Hearing network provider by AudioNet.
2. Provider must call AudioNet at the designated number listed on page 4 for the ID and authorization numbers.
3. Provider will send the supporting documentation to Start Hearing:
 - a. AudioNet Claim Worksheet or Rehabilitation Authorization forms
 - b. Audiogram: Must be signed and dated by the authorized audiologist
4. Start Hearing will set up and bill the claim for testing only.
5. If there is an out-of-pocket amount due for testing (see specific contract information on the following pages), please call Start Hearing at: [1-800-733-2588](tel:1-800-733-2588) and payment will be processed over the phone.

AudioNet – Group Specific Information

United Auto Workers (UAW) – GM Active & Fiat Chrysler Active Employees

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$0	\$0	\$0 Monaural \$490 Binaural	\$0 Monaural \$790 Binaural
Start Hearing	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$140 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

*GM Employees require medical clearance.

Cardinal Carryor Employees & Dependents

This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 – CROS \$1900 – BiCROS	N/A – CROS \$2150 – BiCROS	N/A – CROS \$2400 – BiCROS	N/A – CROS \$2550 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year



Charter Township of Clinton Employees & Retirees

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$0 Monaural \$0 Binaural	\$250 Monaural \$500 Binaural	\$500 Monaural \$1000 Binaural	\$650 Monaural \$1300 Binaural
Start Hearing	\$200 – CROS \$0 – BiCROS	N/A – CROS \$250 – BiCROS	N/A – CROS \$500 – BiCROS	N/A – CROS \$650 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Chicago Tile Institute

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
N/A	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
N/A	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Circle K

This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
AudioNet	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1600 Monaural \$3300 Binaural
AudioNet	\$1200 – CROS \$2000 – BiCROS	N/A – CROS \$2250 – BiCROS	N/A – CROS \$2500 – BiCROS	N/A – CROS \$2650 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

City of Spokane, WA

**This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet*

BEFORE the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
AudioNet	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
AudioNet	\$1200 - CROS \$2000 - BiCROS	N/A - CROS \$2250- BiCROS	N/A - CROS \$2500- BiCROS	N/A - CROS \$2650 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

City of Westland Michigan Employees and Dependents

**This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet*

BEFORE the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$350 Monaural \$700 Binaural
AudioNet	\$0 - CROS \$0 - BiCROS	N/A - CROS \$0 - BiCROS	N/A - CROS \$0- BiCROS	N/A - CROS \$0- BiCROS	N/A - CROS \$700 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

County of Kings, CA

This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
AudioNet	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
AudioNet	\$1200 - CROS \$2000 - BiCROS	N/A - CROS \$2250- BiCROS	N/A - CROS \$2500- BiCROS	N/A - CROS \$2650 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Dawn Foods Employees & Dependents

This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 - CROS \$1900 - BiCROS	N/A - CROS \$2150- BiCROS	N/A - CROS \$2400- BiCROS	N/A - CROS \$2550 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Detroit Manufacturing

This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 - CROS \$1900 - BiCROS	N/A - CROS \$2150- BiCROS	N/A - CROS \$2400- BiCROS	N/A - CROS \$2550 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Eyetopia 180/300H Year 1 for Retired and Active Members and Dependents

This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$350 Monaural \$1400 Binaural	\$630 Monaural \$1960 Binaural	\$910 Monaural \$2520 Binaural	\$1180 Monaural \$3060 Binaural	\$1530 Monaural \$3760 Binaural
AudioNet	\$550 - CROS \$1400 - BiCROS	N/A - CROS \$1960 - BiCROS	N/A - CROS \$2520- BiCROS	N/A - CROS \$3060- BiCROS	N/A - CROS \$3760 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Eyetopia 180/300H Year 2 for Retired and Active Members and Dependents

**This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet*

BEFORE the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$550 Binaural	\$630 Monaural \$1110 Binaural	\$60 Monaural \$1670 Binaural	\$330 Monaural \$2210 Binaural	\$680 Monaural \$2910 Binaural
AudioNet	\$0 - CROS \$550 - BiCROS	N/A - CROS \$1110 - BiCROS	N/A - CROS \$1670 - BiCROS	N/A - CROS \$2210 - BiCROS	N/A - CROS \$2910 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Eyetopia 180/300H Year 3 for Retired and Active Members and Dependents

**This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet*

BEFORE the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$160 Binaural	\$0 Monaural \$720 Binaural	\$0 Monaural \$1260 Binaural	\$0 Monaural \$1960 Binaural
AudioNet	\$0 - CROS \$0 - BiCROS	N/A - CROS \$160 - BiCROS	N/A - CROS \$720 - BiCROS	N/A - CROS \$1260 - BiCROS	N/A - CROS \$1960 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year



FCA/Stellantis/Chrysler Salaried Active Employees and Salaried Retiree Choice Retiree (RCR) Employees and Dependents

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$0	\$0	\$0 Monaural \$490 Binaural	\$0 Monaural \$790 Binaural
Start Hearing	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$140 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Great Lakes Fishery Commission

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$0 Monaural \$50 Binaural	\$0 Monaural \$550 Binaural	\$0 Monaural \$1050 Binaural	\$0 Monaural \$1350 Binaural
Start Hearing	\$0 – CROS \$50 – BiCROS	N/A – CROS \$300 – BiCROS	N/A – CROS \$550 – BiCROS	N/A – CROS \$700 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Italmatch Chemical

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$0 Monaural \$0 Binaural	\$250 Monaural \$500 Binaural	\$500 Monaural \$1000 Binaural	\$650 Monaural \$1300 Binaural
Start Hearing	\$0 – CROS \$0 – BiCROS	N/A – CROS \$250 – BiCROS	N/A – CROS \$500 – BiCROS	N/A – CROS \$650 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Journeyman & Apprentices of Local 188 H&W Fund Members and Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$50 Monaural \$1050 Binaural	\$330 Monaural \$1610 Binaural	\$610 Monaural \$2170 Binaural	\$880 Monaural \$2710 Binaural	\$1230 Monaural \$3410 Binaural
AudioNet	\$250 - CROS \$1050 - BiCROS	N/A - CROS \$1610 - BiCROS	N/A - CROS \$1170 - BiCROS	N/A - CROS \$1710 - BiCROS	N/A - CROS \$2410 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Macomb County Retirees

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$100 Monaural \$150 Binaural	\$350 Monaural \$650 Binaural	\$600 Monaural \$1150 Binaural	\$750 Monaural \$1450 Binaural
Start Hearing	\$100 – CROS \$150 – BiCROS	N/A – CROS \$400 – BiCROS	N/A – CROS \$650 – BiCROS	N/A – CROS \$800 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Macomb Community College Employees and Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$50 Monaural \$50 Binaural	\$330 Monaural \$610 Binaural	\$610 Monaural \$1170 Binaural	\$880 Monaural \$1710 Binaural	\$1230 Monaural \$2410 Binaural
AudioNet	\$250 – CROS \$50 – BiCROS	N/A – CROS \$610 – BiCROS	N/A – CROS \$1170 – BiCROS	N/A – CROS \$1710 – BiCROS	N/A – CROS \$2410 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Marlette Regional Hospital

This program will allow audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 - CROS \$1900 - BiCROS	N/A - CROS \$2150- BiCROS	N/A - CROS \$2400- BiCROS	N/A - CROS \$2550 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Massachusetts Rehabilitation Commission

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural
Start Hearing	TBD - CROS TBD - BiCROS	N/A - CROS TBD - BiCROS	N/A - CROS TBD - BiCROS	N/A - CROS TBD - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

*****Out-of-pocket amounts are not standard and are specific to Massachusetts Rehabilitation Commission. AudioNet will advise the total dollar amount to collect from the patient at the time the authorization number is issued.***

McKinley Properties

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50 Monaural \$50 Binaural	\$300 Monaural \$550 Binaural	\$550 Monaural \$1050 Binaural	\$700 Monaural \$1350 Binaural
Start Hearing	\$250 – CROS \$50 – BiCROS	N/A – CROS \$300 – BiCROS	N/A – CROS \$550 – BiCROS	N/A – CROS \$700 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Meridian Complete – Medicaid

Patients are eligible for replacement hearing aids every 36 months.

On the date of the appointment, the provider must first call AudioNet to confirm member eligibility. Failure to do so on the date of the exam/eval may result in claim denial and non-payment. If the member is eligible, the provider performs an exam and evaluation; provider completes the Provider Recommendation section of the attached F.ME 1001 Member Eligibility Form and sends it along with the Audiogram to AudioNet via fax at 844-522-5038.

AudioNet will review, confirm, and share with the provider an updated F.ME 1001 Member Eligibility Form HA to include the Purchase Order number, via fax or secure email so Provider can order the hearing devices.

Provider orders hearing device(s) and schedules dispensing appointment with member. On the date of dispensing appointment, the provider must first call AudioNet to confirm member eligibility. Failure to do so on the date of the dispensing appointment may result in claim denial and non-payment.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
N/A	\$0 Monaural \$0 Binaural	Not Available	Not Available	Not Available
N/A	\$0 – CROS	Not Available	Not Available	Not Available
Warranty	5 Year	N/A	N/A	N/A

*BiCROS is not available on this limited contract.

Michigan Complete Health

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
N/A	\$0 Monaural \$0 Binaural	Not Available	Not Available	Not Available
N/A	\$0 – CROS	Not Available	Not Available	Not Available
Warranty	5 Year	N/A	N/A	N/A

*BiCROS is not available on this limited contract.

National Elevator Industry (NEI) – **CONTRACT ENDED 12/31/2024**

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
N/A	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
N/A	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

Plumbers & Fitters Local 295 H&W Fund Members and Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$96 Monaural \$182 Binaural	\$446 Monaural \$882 Binaural
AudioNet	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$182 – BiCROS	N/A – CROS \$882 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Peterson Holding Co. Union PPO & Union Kaiser

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$260 Monaural \$470 Binaural	\$530 Monaural \$1010 Binaural	\$880 Monaural \$1710 Binaural
AudioNet	\$0 - CROS \$0 - BiCROS	NA - CROS \$0 - BiCROS	NA - CROS \$470 - BiCROS	NA - CROS \$1010 - BiCROS	NA - CROS \$1710 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

This Peterson Holding Co. – Union PPO & Union Kaiser group benefit includes a \$65 copayment after the initial 6 months of service for the following 30 months.

Peterson Holding Co. PPO Non-Union

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$230 Monaural \$410 Binaural
AudioNet	\$0 - CROS \$0 - BiCROS	NA - CROS \$0 - BiCROS	N/A - CROS \$0 - BiCROS	N/A - CROS \$0 - BiCROS	N/A - CROS \$410 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

This Peterson Holding Co. PPO Non-Union group benefit includes a \$65 copayment after the initial 6 months of service for the following 30 months.

Peterson Holding Co. Voluntary Discount Program

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$1000 Monaural \$2,000 Binaural	\$1280 Monaural \$2560 Binaural	\$1560 Monaural \$3120 Binaural	\$1830 Monaural \$3660 Binaural	\$2180 Monaural \$4360 Binaural
AudioNet	\$1250 - CROS \$2050 - BiCROS	N/A - CROS \$2610 - BiCROS	N/A - CROS \$3170 - BiCROS	N/A - CROS \$3710 - BiCROS	N/A - CROS \$4410 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

This Peterson Holding Co. – Voluntary Discount group benefit includes a \$65 copayment after the initial 6 months of service for the following 30 months.

Plumbers & Fitters Local 123 H&W Fund Members and Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1230 Monaural \$2460 Binaural	\$1510 Monaural \$3020 Binaural	\$1780 Monaural \$3560 Binaural	\$2130 Monaural \$4260 Binaural
AudioNet	\$1250 - CROS \$2050 - BiCROS	N/A - CROS \$2610 - BiCROS	N/A - CROS \$3170 - BiCROS	N/A - CROS \$3710 - BiCROS	N/A - CROS \$4410 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Plumbers & Fitters Local 803 H&W Fund Members and Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 month

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$96 Monaural \$182 Binaural	\$446 Monaural \$882 Binaural
AudioNet	\$0 - CROS \$0 - BiCROS	N/A - CROS \$0 - BiCROS	N/A - CROS \$0 - BiCROS	N/A - CROS \$182 - BiCROS	N/A - CROS \$882 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

Sheet Metal Workers Local Union No. 20 W&B Fund Members and Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 month

Out-of-Pocket Fees Collected by:	Econ (1000)	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$170 Binaural	\$0 Monaural \$710 Binaural	\$0 Monaural \$1410 Binaural
AudioNet	\$0 - CROS \$0 - BiCROS	N/A - CROS TBD - BiCROS	N/A - CROS TBD - BiCROS	N/A - CROS TBD - BiCROS	N/A - CROS TBD - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year	3 Year

South Dakota Vocational Rehab

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural
Start Hearing	TBD – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS	N/A – CROS TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

****Out-of-pocket amounts are not standard and are specific to each South Dakota Vocational Rehab patient. AudioNet will advise the total dollar amount to collect from the patient at the time the second authorization number is issued.**

Teamsters – Ohio Contractors Association Health & Welfare Fund

*This program will allow audiologists and HIS providers for services and fittings. Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
N/A	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$50 Monaural \$50 Binaural	\$250 Monaural \$350 Binaural
N/A	\$0 – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS	N/A – CROS \$0 – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

YKK Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 - CROS \$1750 - BiCROS	N/A - CROS \$2000- BiCROS	N/A - CROS \$2250- BiCROS	N/A - CROS \$2400 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

YKK Employees

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months.

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
AudioNet	\$850 Monaural \$1650 Binaural	\$1100 Monaural \$2150 Binaural	\$1350 Monaural \$2650 Binaural	\$1500 Monaural \$2950 Binaural
AudioNet	\$1050 - CROS \$1650 - BiCROS	N/A - CROS \$1900- BiCROS	N/A - CROS \$2150- BiCROS	N/A - CROS \$2300 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

YKK Tape Craft Corporation Employees & Dependents

This program will allow credentialed audiologists and HIS providers for services and fittings. Hearing aid Co-Pay fees must be paid directly to AudioNet **BEFORE the order is placed.*

Patients are eligible for replacement hearing aids every 36 months

Out-of-Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
Start Hearing	\$50	\$50	\$50	\$50
Start Hearing	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
AudioNet	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
AudioNet	\$1150 - CROS \$1750 - BiCROS	N/A - CROS \$2000- BiCROS	N/A - CROS \$2250- BiCROS	N/A - CROS \$2400 - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

AudioNet Claim Worksheet

Patient:	Patient Date of Birth:	
Address:	AudioNet Given ID Number:	
City, State, Zip	Authorization Number:	
Phone:	ICD-10 Diagnosis Code:	
Gender of Patient: Male Female		
AudioNet Group (check)		
<input type="checkbox"/> Fiat Chrysler Active Employees	<input type="checkbox"/> FCA/Stellantis/Chrysler Salaried Active Employees**	<input type="checkbox"/> National Elevator Industries (NEI)
<input type="checkbox"/> GM Active Employees	<input type="checkbox"/> FCA/Stellantis/Chrysler Salaried Retiree Choice Retiree (RCR)Employees and Dependents**	<input type="checkbox"/> Peterson Holding Co. Union PPO and Kaiser
<input type="checkbox"/> Cardinal Carryor Employees**	<input type="checkbox"/> Great Lakes Fishery Commission	<input type="checkbox"/> Peterson Holding Co. PPO Non-Union
<input type="checkbox"/> Charter Township of Clinton	<input type="checkbox"/> Italmatch Chemical	<input type="checkbox"/> Peterson Holding Co. Voluntary Discount P
<input type="checkbox"/> Chicago Tile Institute	<input type="checkbox"/> Journeymen & Apprentices of Local 188 H&W Fund**	<input type="checkbox"/> Plumbers & Fitters Local 295 H&W Fund**
<input type="checkbox"/> Circle K	<input type="checkbox"/> Macomb Community College**	<input type="checkbox"/> Plumbers & Pipefitters Local 123 H&W Fund
<input type="checkbox"/> City of Spokane, WA**	<input type="checkbox"/> Macomb County Retirees	<input type="checkbox"/> Plumbers & Pipefitters Local 803 H&W Fund
<input type="checkbox"/> City of Westland Michigan**	<input type="checkbox"/> Marlette Regional Hospital**	<input type="checkbox"/> Sheet Metal Workers Local Union No. 20 W
<input type="checkbox"/> County of Kings, CA**	<input type="checkbox"/> Massachusetts Rehab Commission	<input type="checkbox"/> South Dakota Vocational Rehab
<input type="checkbox"/> Dawn Foods Employees**	<input type="checkbox"/> McKinley Properties	<input type="checkbox"/> Teamsters-Ohio Contractors Assoc H&W F
<input type="checkbox"/> Detroit Manufacturing**	<input type="checkbox"/> Meridian Complete – Medicaid	<input type="checkbox"/> YKK Dependents**
<input type="checkbox"/> Eyetopia 180/300 Year 1, 2, or 3**	<input type="checkbox"/> Michigan Complete Health	<input type="checkbox"/> YKK Employees**
		<input type="checkbox"/> YKK Tape Craft Corporation**

Service Facility Information (Must list authorized servicing location)

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

New Hearing Aid Claim Codes

If code is not checked, it will not be billed.

- V5200 – CROS Dispensing Fee
 - V5240 – BiCROS Dispensing Fee
 - V5241 – Monaural Dispensing Fee
 - V5160 – Binaural Dispensing Fee
 - S0618 – Audiometry for Hearing Aid Evaluation
 - Service Date: _____
 - A copy of the signed / dated audiogram must be included when billing this code.
 - V5010 – Assessment for Hearing aid
 - Service Date: _____
 - V5020 – Conformity Evaluation
- Email required paperwork to claims@starhearing.com

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

****For this specific group, members MUST pay their hearing aid co-pay BEFORE the order is placed. Provider must call the appropriate phone number to have patient pay directly to AudioNet.**

- Has the patient paid their fee to AudioNet?

_____ YES _____ NO

Providers must call the appropriate AudioNet phone number to obtain the correct ID number and authorization number BEFORE any services are rendered.



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