



Member Reimbursement Form

The following documents must be submitted for reimbursement:

- This complete form, signed and dated
- Copy of completed and signed purchase agreement
- Copy of itemized receipt

Section 1: Member Information

Legal Name: _____ Date of Birth: _____

Anthem Member ID #: _____

Address: _____ Phone: _____

Section 2: Provider Information

Legal Name: _____

Practice Name: _____ National Provider ID: _____

Address: _____ Phone: _____

Section 3: Diagnosis & Procedure Codes

Diagnoses: _____ CPT Codes: _____

Section 4: Cost to the Patient

Cost of Hearing Aids: _____ Date of Service: _____

Cost of Testing: _____ Date of Service: _____

Cost of Batteries: _____ Date of Service: _____

Assignment of Benefits to Provider (Provider must submit W9 to HCS with claim form)

Section 5: Authorization & Signature

Patient's Signature: _____ Today's Date: _____

Please send all requested documents to Hearing Care Solutions via any of these methods:

By Mail

Attention: Claims
Hearing Care Solutions
5889 Greenwood Plaza Blvd, Suite 300
Greenwood Village, CO 80111

By E-mail

claims@hearingcaresolutions.com

By Fax

(303) 889-5137

Questions? Please call (855) 998-6769

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