

Hearing Aid Reimbursement Claim Form

Medica Group Prime Solution® (Cost)

To determine how much your Medica plan provides towards your hearing aid reimbursement, please reference your Evidence of Coverage. Please note, this amount is applicable toward a hearing aid fitting/evaluation and hearing aid purchase once per calendar year. Replacement batteries are not reimbursable under this benefit. Batteries are only covered if supplied in the original package from the factory with a hearing aid.

To receive a reimbursement, you must:

- Complete this claim form
- Attach your itemized receipt(s)
- Submit within 365 days from the date of purchase
- Allow 4 to 6 weeks for processing
- **Send the completed form and a copy of your receipt(s) to:**

FOR INTERNAL USE ONLY

Place of service: 11
Cpt Code: V5299
Diagnosis Code: H90.5
Provider ID: 01-99999

Medica Claims
PO Box 30990
Salt Lake City, UT 84130

To Be Completed by Policyholder (please print):

Member Name: _____ Date of Birth: _____

Medica Identification Number: _____ Group Number: _____

Home Telephone Number: _____

Date of Purchase: _____

Total Amount Paid for Hearing Aid: _____

Name of Vision Clinic or Provider: _____

Clinic Location (City, State, ZIP): _____

Questions? Call us at 952-992-2300 or 1-800-234-8755, 8 a.m.-8 p.m. CT, seven days a week. Access to representatives may be limited at times. TTY: 711

MEDICA®

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

Toll-free 1-800-234-8755 ■ TTY: 711