

# Process & FAQ Guide

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## AMPLIFON PROVIDER NETWORK

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Amplifon Hearing Health Care contracts and credentials independently owned hearing healthcare businesses and hearing care professionals to provider services and products to Amplifon members. The provider network includes licensed audiologists and hearing aid service centers. Written agreements are executed between Amplifon and the business owner of the site, participant, who agrees to provide hearing healthcare services and products to Amplifon member and comply with Amplifon program requirements. Participant agreements will be amended as necessary to comply with Federal and State laws and regulations.

### **Q: Who has Amplifon Hearing Health Care?**

A: Amplifon contracts with insurance companies, employers, Third Party Administrators, and other organizations. However, anyone may qualify to use the Amplifon Universal Program and you may refer patients to Amplifon at any time. Simply enter the necessary information in [myamplifonusa.com](http://myamplifonusa.com) Add Patient screen. When a patient is added, Amplifon is notified automatically and will verify insurance. The patient referral is available to process when approved. Refer to the [Myamplifonusa.com](http://Myamplifonusa.com) Quick Guide for specific instruction.

### **Q: Where can I find the most updated price guide?**

A: The recent price guide for Amplifon is associated with every individual patient in the [Myamplifonusa.com](http://Myamplifonusa.com) system. Simply login with your credentials to [www.myamplifonusa.com](http://www.myamplifonusa.com).

### **Q: Where can I find the most updated Diagnostic Fee Schedule?**

A: The diagnostic fee schedule for Amplifon can be found on page 4 of this document. Additional Amplifon information can be located by logging onto [www.myamplifonusa.com](http://www.myamplifonusa.com). Under the Resource's tab.

## DISCOUNT PLAN

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### **Q: What is a discount plan?**

A: An Amplifon plan where the patient is responsible for 100% of the payment at the time of service. Pricing is established by Amplifon for testing and hearing aid charges. Testing fees are collected and retained within your office. Hearing aid fees are paid directly to Amplifon.

### **Q: Can I bill the patient's insurance for testing under a discount plan?**

A: Yes. You can bill the patient's insurance for testing services. If the patient is responsible for a co-pay, the payment would be paid to your office.

### **Q: Can I bill the patient's insurance for hearing aids under a discount plan?**

A: No. Amplifon requires payment in full when the hearing aids are fit. Amplifon will provide the patient with a receipt which they will submit to their insurance to be reimbursed for any hearing benefits they may be eligible for.

## FUNDED PLAN

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**Q:** What is a Funded plan?

**A:** An Amplifon plan where the third part will pay all or a portion of the services and/or hearing aids for the patient. The insurance verification can be found in the Amplifon Insurance section of the customer summary in the Myamplifonusa.com system. Two options for funded plans through Amplifon.

1. Amplifon will conduct billing for patient's funded portion to be paid.
2. Amplifon requires payment in full when the hearing aids are fit. Amplifon will provide the patient with a receipt which they will submit to their insurance to be reimbursed for any hearing benefits they may be eligible for.

**Q:** Can I bill the patient's insurance for testing under a funded plan?

**A:** Payment for diagnostic testing is dependent on the Funded Plan requirements outlined in the agreement between Amplifon and the Plan Partner. The details of the Funded Plan payment options will be provided in the insurance verification section of the customer summary. The two most common payment options through a Funded Plan include:

1. If testing is not covered under Amplifon: The patient pays the Network Location directly for diagnostic testing services. The patient can then seek reimbursement from their health plan; or location bills Plan directly at their insurance contracted rates if applicable.
2. The Network Location sends the completed Receipt of Delivery Form, documenting the diagnostic testing services rendered, to Amplifon. Amplifon bills the Plan Partner for the diagnostic services. Amplifon will reimburse Network Location for the diagnostic services provided and the provider reimbursement fee if applicable.

**Q:** Can I bill the patient's insurance for hearing aids?

**A:** No. Amplifon will bill the patients plan any amounts covered and listed on the insurance verification form. Patient is responsible for balance at time of delivery. When the office returns the Receipt of Delivery Form, this initiates Amplifon to bill the plan for funded portion. No additional billing is required by the office.

## REFERRALS

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**Q:** How do I get referrals?

**A:** Patients will contact their payer and will be referred to Amplifon. An Amplifon representative will enroll the patient into the Amplifon Program and the notification will be emailed to your location advising you to log into the Myamplifonusa.com system to view the referral.

**Q:** How long is the PO# valid for a patient?

**A:** Once an order is submitted within the Myamplifonusa.com system, a PO# will be used by the Amplifon Ordering Team to place the order with the manufacturer. The PO# is only valid with one order if an additional order is needed a new PO# will be generated by the ordering team.

**Q: What do I do when I receive a referral notification email?**

A: Usually, Amplifon will transfer the patient the patient immediately to schedule an appointment with your clinic. If you do not have an appointment scheduled for the patient, please contact the patient to schedule an appointment. You may find the patient’s information by simply logging into [www.myamplifonusa.com](http://www.myamplifonusa.com).

**Q: Is the patient referred to multiple locations in their area?**

A: When a referral is established for a patient through the Amplifon program, the patient is directed to only one location for services to be rendered. The patient may call Amplifon back to change their location at any time.

## OVERVIEW OF REFERRAL & SALES PROCESS

<b>Step 1</b>	Patient contacts Amplifon and the Patient Care Advocate will explain the Amplifon program and find a location in their area. The Patient Care Advocate will enter the patient’s information into the Myamplifonusa.com system and your location will be notified of the referral via email.
<b>Step 2</b>	Provider logs into <a href="http://www.myamplifonusa.com">www.myamplifonusa.com</a> and accesses the Dashboard to view referrals. View new referrals in the Referral Preview section or by clicking on the “Referrals” tab.
<b>Step 3</b>	Provider calls the Amplifon patient to make an appointment if one was not made during the initial referral call.
<b>Step 4</b>	Patient comes in for appointment and hearing aids are recommended.
<b>Step 5</b>	Provider logs into the Myamplifonusa.com Dashboard and locates the patient listed on the Referrals List to complete the four step enter outcome process. Patient payment can be processed at time of order and/or at the time of dispense.
<b>Step 6</b>	Provider enters in the outcome and submits order details through the AHHC Ordering Smartsheet. An AHHC ordering representative will place the order directly with the manufacturer.
<b>Step 7</b>	Provider receives the hearing aids from the manufacturer and submits patient payment through the Activities tab in the Myamplifonusa.com system.
<b>Step 8</b>	Once patient payment is completed, print the Receipt of Delivery from the Activities tab of the Myamplifonusa.com system.

<p><b>Step 9</b></p>	<p>Provider and Patient sign and date the Receipt of Delivery. Cigna disclosure form to be signed by Provider and Patient if applicable.</p>
<p><b>Step 10</b></p>	<p>Provider will fax and/or upload the completed Receipt of Delivery with the manufacturer packing slip to 1-888-371-5961 or upload through the Activities tab of the Myamplifonusa.com system.</p>

**Please note that you will still need to access your Sycle system to log data, the Amplifon Lite system does not communicate with your Sycle. Please see your franchise administrator for process.**

## ORDERING HEARING AIDS/EARMOLDS

**Q: How do I order RIC/BTE hearing aids?**

A: After entering in the outcome and completing the AHHC Ordering Smartsheet an Amplifon Hearing Health Care Ordering Specialist will verify the hearing aid recommended falls within the patient’s formulary and will place the order directly through MyMemsicom.

**Q: How do I order custom hearing aids?**

A: After entering in the outcome and completing the AHHC Ordering Smartsheet an Amplifon Hearing Health Care Ordering Specialist will verify the hearing aid recommended falls within the patient’s formulary and will contact the provider by email with a PO# and bill-to account number to submit the custom order through your MyMemsicom portal.

**Q: How do I order earmolds?**

A: If earmolds are requested and/or notated within the AHHC Ordering Smartsheet, an Amplifon Hearing Health Care Ordering Specialist will email the provider a PO# and advise you to select third party billing at checkout when submitting the earmold order through the MyMemsicom portal.

**Special instructions for earmold orders:**

Earmolds are included in the price of RIC/BTE products. Only standard shipping (First Class Mail) is authorized with the earmold order for Emtech, Great Lakes Earmold or Precision Laboratories. Earmold orders through the hearing aid manufacturer can be ordered with original hearing aids orders only and with standard manufacturer shipping methods (i.e. Fed Ex).

Earmold orders through Memsicom can be ordered with original hearing aid orders only and with standard manufacturer shipping.

## PAYMENTS

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### **Q: What do I need to do when the patient picks up their hearing aids?**

A: On the day of the hearing aid dispensing, follow Step 7 listed in the Overview of Referrals & Sales Process. All payments for hearing aids are due at the time of dispensing. Failure to collect patient payment could cause a delay in provider reimbursement processing.

### **Q: Who does the patient pay at the time of fitting?**

A: Amplifon. All payments for hearing aids are due at the time of dispense. Credit Card and E-Check payments may be processed in the Activities tab of the Myamplifonusa.com system.

### **Q: What are the patient's payment options?**

A: Patients can pay in the following ways:

- Credit Card (Visa, MasterCard, Discover, AMEX) – Enter in Myamplifonusa.com through the Activities tab within the Confirm & Pay screen.
- E-check – Enter in Myamplifonusa.com through the Activities tab within the Confirm & Pay screen. (Please note: Cashier's Checks, Money order, Credit Card Checks, or Third-Party Checks cannot be processed through E-check).
- Check – Made out to Amplifon Hearing Health Care and mailed to:
  - Amplifon Hearing Health Care  
150 South 5<sup>th</sup> St  
Suite 2300  
Minneapolis, MN 55402
- CareCredit (6, 12- and 18-month interest free options) – print and complete the form in Myamplifonusa.com system under the Activities tab. Fax the form to Amplifon Hearing Health Care with all other paperwork.

### **Q: What are the financing options Amplifon offers?**

A: Amplifon works with CareCredit. Amplifon offers a 6, 12- or 18- month interest free options as well as a 24, 36 or 48 month extended finance option at 14.9% interest. If the patient doesn't have a Care Credit account, please have them go to [www.carecredit.com](http://www.carecredit.com) to apply prior to the dispensing of the hearing aid. Please refer to the website for complete rules and guidelines.

If the patient is paying with CareCredit, select the CareCredit option in the Payment screen (located in the Confirm & Pay screen found within the Activities tab of Myamplifonusa.com) and print off the CareCredit form. Fax this form with the completed and signed Receipt of Delivery to Amplifon to the number listed at the bottom of the form.

### **Q: When will I receive my provider reimbursement?**

A: Provider reimbursements are paid out at 60 days of delivery, pending full patient payment.

## AFTERCARE

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Miracle Ear standard aftercare service package is provided to patients who utilize and are fit with hearing aid(s) under the Amplifon Program with no set number of appointments specified.

**Q: Do I need to request a new PO# for hearing aid options such as a remote?**

A: For every new order, the AHHC Ordering Smartsheet will need to be completed and an Amplifon Hearing Health Care Ordering Specialist will generate a new PO# and place the order directly with the MyMems.com.

**Q: If the patient did not order an earmold with the initial order, do they have to pay for them?**

A: No. The first set of earmolds are free of charge to the patient.

**Q: What do I charge the patient for services after the one year of service?**

A: After the one year of aftercare service is completed, the provider may charge their usual and customary rates to the patient.

## RETURNS & EXCHANGES

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**\*\*All returns and exchanges must be completed within the 60-day trial period\*\***

**Q: How do I process a return or exchange?**

A: Returns and exchanges can be initiated in Myamplifonusa.com. Please refer to the Return & Exchange process listed below.

**Q: When am I required to fill out a hard copy of the return/exchange form?**

A: The return/exchange form is required to be filled out for any of the following:

- If you are not using the Myamplifonusa.com System
- If you are requesting a return or exchange after the trial period has ended (prior authorization from Amplifon Hearing Health Care is required)

**Q: Where do I locate the return/exchange form?**

A: The return/exchange form can be located in the Myamplifonusa.com Dashboard, by clicking on the resources tab, or contact Amplifon Provider Relations for a copy.

## EXCHANGE PROCESS

All exchanges must be completed within the 60-day trial period	
<b>Step 1</b>	Complete the Amplifon exchange process in Myamplifonusa.com.
<b>Step 2</b>	Follow the steps of the exchange process and enter the new product in Myamplifonusa.com as well as the AHHC Hearing Aid Order Smartsheet.
<b>Step 3</b>	Return the hearing aid(s) to the manufacturer using the manufacturers return for credit form.
<b>Step 4</b>	An Amplifon Hearing Health Care Ordering Specialist will place the new order directly with the manufacturer.
<b>Step 5</b>	Print the new Receipt of Delivery from the Myamplifonusa.com System in the Activities tab.
<b>Step 6</b>	When the new product is dispensed, forward the signed Receipt of Delivery form to Amplifon.
<b>Step 7</b>	Provider reimbursement will be forwarded within 60 days of the new dispensing date.

## RETURN PROCESS

All returns must be completed within the 60-day trial period	
<b>Step 1</b>	Initiate the Amplifon return process in Myamplifonusa.com.
<b>Step 2</b>	Return the hearing aid(s) to the manufacturer using the manufacturers return for credit form.
<b>Step 3</b>	Provider reimbursement is not paid on returned products.



## LOSS & DAMAGE WARRANTY PROCESS

To replace a hearing aid under the loss and damage warranty, the following steps are to be completed. This transaction is handled directly between the patient and the provider's office at the set deductible amount listed on page 9 in this packet. The only exception to this process is when a hearing aid is lost for a Workers' Compensation claimant. In these instances, contact Amplifon's Workers' Compensation Division at 1.888.319.9206 for modified process.

<b>Step 1</b>	Verify with the manufacturer if the warranty is still in effect.
<b>Step 2</b>	Complete the manufacturer's paperwork utilizing clinics bill-to account number and ship-to account number.
<b>Step 3</b>	Send to the manufacturer to obtain a replacement hearing aid under the loss and damage warranty.
<b>Step 4</b>	Patient pays your office the Amplifon deductible amount (listed on page 9 of this document).
<b>Step 5</b>	Payment is retained within your office.
<b>Step 6</b>	Notify patient the loss and damage warranty has been utilized and any future loss or damage is their responsibility.
<b>Testing</b>	Any diagnostic testing required to refit the replacement hearing aids is charged at Amplifon discounted rates and follows the same processes as the initial referral.
<b>Earmold</b>	Replacement earmolds can be ordered directly through your office and the manufacturer and billed to your account. Payment is collected from the patient and retained within your office.

## LOSS & DAMAGE FEE'S PER AID

Manufacturer	Type	Fee Per Aid
Solution 5	Loss & Damage Deductible	\$325
Solution 4	Loss & Damage Deductible	\$300
Solution 3	Loss & Damage Deductible	\$235
Solution 2	Loss & Damage Deductible	\$175

## PATIENT BENEFITS

Hearing aid low price guarantee	3-year loss & damage
No return/restocking fees	3-year repair warranty
Risk-Free 60-day trial period	2-year supply of free batteries
Professional follow-up care	18-month 0% financing with Care Credit

## MYAMPLIFONUSA.COM

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The Myamplifonusa.com system was created to give you easy access to view Amplifon referrals, create appointments and enter hearing aid sales for patients referred to your location. Myamplifonusa.com is intended for us by all of our Amplifon provider partners. We are very excited with how easily Myamplifonusa.com will make it for you to be able to manage your Amplifon Referrals, while giving you the transparency of all referral activities through a glance of the dashboard. You will even see a detailed summary of the processed sales. For any questions regarding the Myamplifonusa.com system and/or process please contact Provider Relations at 1.800.920.4327.

## AMPLIFON CONTACT INFORMATION

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### Corporate Office Address

150 South 5<sup>th</sup> Street, Suite 2300  
Minneapolis, MN 55402

### Provider Resources

Phone: 1.800.920.4327

Email: [providerrelations@amplifon.com](mailto:providerrelations@amplifon.com)

Main Fax: 651.925.0397

### Credentialing Department

Phone: 1.800.862.9381

Email: [credentialing@amplifon.com](mailto:credentialing@amplifon.com)

Main Fax: 877.853.3010

Secondary Fax: 763.268.4017

### Billing Department

Phone: 1.888.602.9161

Email: [amplifonbilling@amplifon.com](mailto:amplifonbilling@amplifon.com)

Main Fax: 888.371.5961

### Days and Hours of Operation

Monday to Friday 7 AM – 7 PM CST

### Patient Resources

Phone: 1.844.267.5436

Email: [clientservices@amplifon.com](mailto:clientservices@amplifon.com)

Main Fax: 763.268.4210

### Workers' Compensation

Phone: 1.888.319.9206

Email: [workcomp@amplifon.com](mailto:workcomp@amplifon.com)

Main Fax: 651.925.0219

### Batteries

Phone: 1.877.203.0683

Email: [batteries.batteries@amplifon.com](mailto:batteries.batteries@amplifon.com)