

# Myamplifonusa.com User Guide

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. This User Guide will walk you through the steps necessary to process all Amplifon sales and ensure timely reimbursement and accurate reports.

## Overview of the steps to process Amplifon Referrals and Sales

### Referral Process

1. Patient contacts Amplifon to find the nearest location. The Amplifon Patient Care Advocate registers the patient into the Myamplifonusa.com system and the clinic is notified of the referral via email.
2. Provider logs into [www.myamplifonusa.com](http://www.myamplifonusa.com) to access patient information on the dashboard.
3. Provider or Front office Assistant contacts the Amplifon patient to make an appointment.

### Sales Entry Process

1. Patient comes in for initial appointment and hearing instruments are recommended.
2. Provider logs into the Myamplifonusa.com to enter the Appointment Outcome in the Referrals Tab.
3. Provider orders the hearing aids through the manufacturer using the Process Sales PO# and the Amplifon Bill-To # listed in the Amplifon FAQ document on Page 6.
4. Provider receives the hearing aids from the manufacturer and makes an appointment for the fitting.
5. Patient is fit with hearing aids and a payment is collected from the patient by the location.
6. Provider logs into Myamplifonusa.com Dashboard to complete the hearing aid sale, in the Referrals tab.
7. Once sale and payment is processed, print the Receipt of Delivery document.
8. Provider and Patient sign the Receipt of Delivery document.
9. Provider faxes the completed Receipt of Delivery document with manufacturer packing slip to 1-888-844-5713.
10. Review the processed sales in the Myamplifonusa.com system.

## Myamplifonusa.com Dashboard

The Myamplifonusa.com Dashboard consists of multiple tabs:

### Dashboard:

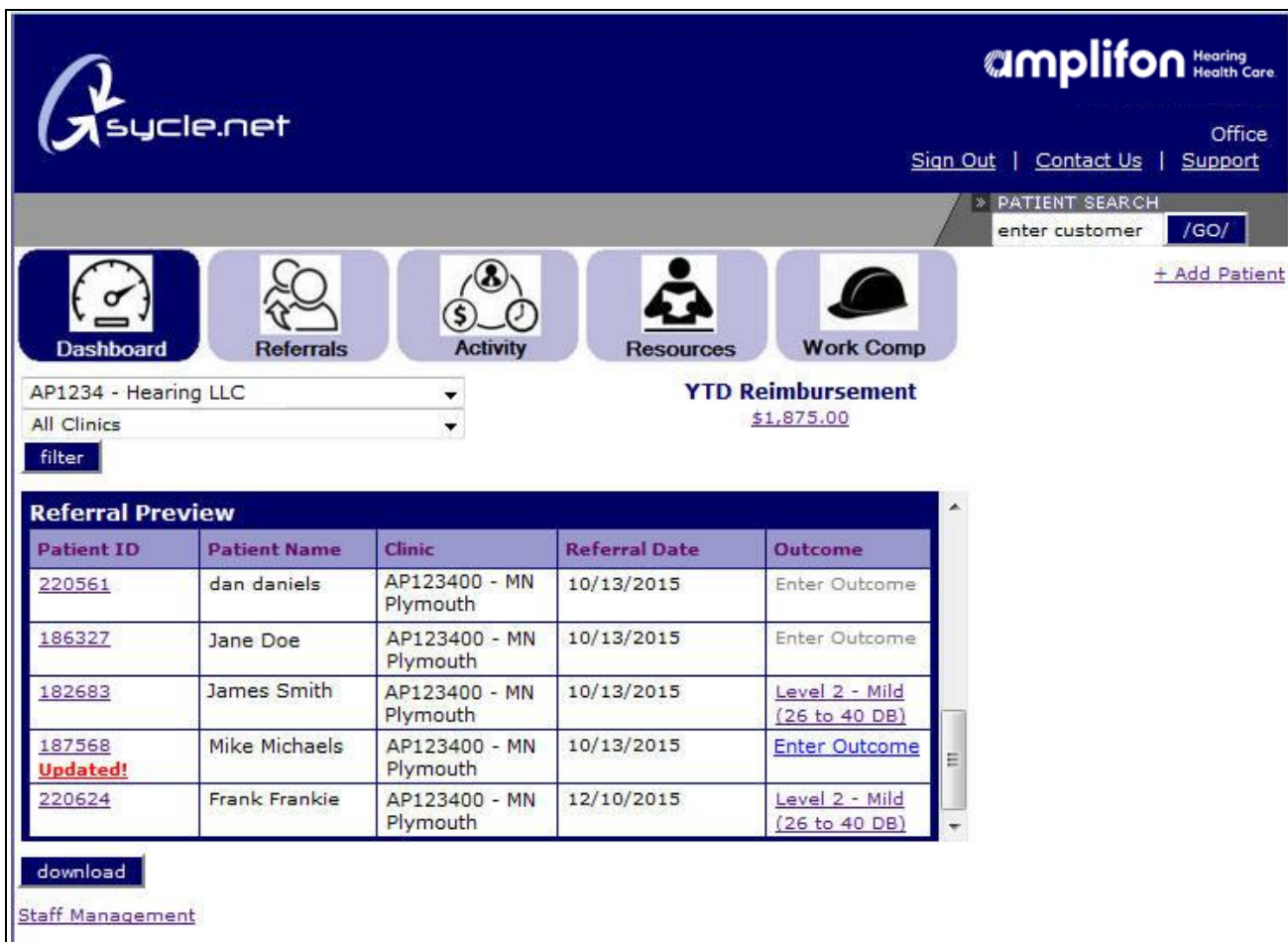
1. Review and process open referrals in the Referral Preview section
2. Add Patient Self Referrals
3. View Provider Reimbursements (available with special privilege)
4. Manage Staff (available with special privilege)

**Referrals:** Review and process open referrals. The Referrals tab contains more detailed information than the Referral Preview Here you can review Price List information, obtain the PO Number, and see specific plan information for the patient

**Activity:** Previously named 'Processed Sales', in the Activity tab you can review all sales processed through Myamplifonusa.com

**Resources:** Previously accessed through the Amplifon Information link, the Resources tab contains all of your user guides, Amplifon Hearing Health Care information, and forms.

**Work Comp:** Access the Work Comp tab to process Workers Compensation requests



The screenshot shows the Myamplifonusa.com dashboard interface. At the top left is the 'G cycle.net' logo. At the top right is the 'amplifon Hearing Health Care' logo. Below the logos are navigation links: 'Sign Out | Contact Us | Support' and 'Office'. A search bar labeled 'PATIENT SEARCH' contains the text 'enter customer' and a '/GO/' button. Below the search bar is a '+ Add Patient' link. The dashboard features five main tabs: 'Dashboard' (with a clock icon), 'Referrals' (with a person icon), 'Activity' (with a person and dollar sign icon), 'Resources' (with a person and book icon), and 'Work Comp' (with a hard hat icon). Below the tabs, there are two dropdown menus: 'AP1234 - Hearing LLC' and 'All Clinics'. A 'filter' button is located below the dropdowns. To the right of the dropdowns, it displays 'YTD Reimbursement \$1,875.00'. The main content area is titled 'Referral Preview' and contains a table with the following data:

Patient ID	Patient Name	Clinic	Referral Date	Outcome
<a href="#">220561</a>	dan daniels	AP123400 - MN Plymouth	10/13/2015	Enter Outcome
<a href="#">186327</a>	Jane Doe	AP123400 - MN Plymouth	10/13/2015	Enter Outcome
<a href="#">182683</a>	James Smith	AP123400 - MN Plymouth	10/13/2015	<a href="#">Level 2 - Mild (26 to 40 DB)</a>
<a href="#">187568</a> <b>Updated!</b>	Mike Michaels	AP123400 - MN Plymouth	10/13/2015	<a href="#">Enter Outcome</a>
<a href="#">220624</a>	Frank Frankie	AP123400 - MN Plymouth	12/10/2015	<a href="#">Level 2 - Mild (26 to 40 DB)</a>

Below the table is a 'download' button and a 'Staff Management' link.

## Processing Amplifon Referrals

1. Patient contacts Amplifon and the Patient Care Advocate (PCA) directs the patient to the nearest Amplifon Provider. The Amplifon PCA enters the patient's information into the Myamplifonusa.com system and the clinic is notified of the referral via email notification.  
**Note:** You may also choose to add patients directly in your Myamplifonusa.com System by using the + Add Patient link in the Dashboard tab.
  - When you choose to add a patient as a self referral, Amplifon will be notified by email and verify insurance. The self referred patient will be available to process in Myamplifonusa.com once Amplifon has completed the patient validation process.
2. Provider logs into Myamplifonusa.com at [www.myamplifonusa.com](http://www.myamplifonusa.com) and accesses the Dashboard to view referrals in the Sales to Be Processed list.

➔ Enter your **username** and password and click **Login**.

3. When ready to process Amplifon's patient referral, Provider or Front Office Assistant calls the Amplifon patient to make an appointment.

➔ View Amplifon Referrals for your location in the Dashboard Referral Preview grid or in Referrals tab (to see detailed information)

Amplifon Lite Sales										
Patient Name	Patient ID	Phone #	Customer Category	Plan Name	Price List	Referral Date	Audiological Findings	Process Sales PO #	Estimated Fit Date	Clinic
Jane Doe	191345	(626) 318-3144	Discounted	CIGNA HEALTHY REWARDS	<a href="#">View</a>	11/04/2015	<a href="#">Enter Outcome</a>	AM00053679		AP123400 MN - Plymouth
John Smith	204846	(626) 281-0751	Discounted	AETNA FUNDED	<a href="#">View</a>	11/04/2015	<a href="#">Enter Outcome</a>	AM00053680		AP123400 MN - Plymouth

➔ Click **View** in the Price List column

**Note:** We recommend reviewing the insurance information (located in the patient name link to the Customer Summary) and the product Price List associated with the patient's plan.

Select a **Vendor**, **Category Type**, and **Purchase Type**. Click **Go** and the Price List displays.

**Insurance Company:** CIGNA HEALTHCARE FUNDED  
**Insurance Plan:** CIGNA INDEMNITY  
**Vendor:** All Vendor  
**Category Type:** BTE Standard  
**Purchase Type:** Hearing Aid

**GO**

**Funded Plan Description**  
 A plan type in which the insurance plan may pay a portion of services, testing and/or hearing aids. Amplifon Hearing Health Care will notify your office of the patient's coverage with the insurance plan when the referral is established. Your office is responsible for collecting the patient's responsibility at the time of service and then forwarding the payment to Amplifon Hearing Health Care. **Amplifon Hearing Health Care is responsible for billing and collecting the balance from the insurance plan.**

Product	Product Code	Manufacturer	Description	Price	Reimbursement
Hearing Aid	11507226	GN RESOUND	ALERA 5 AL567-DIW BTE BTE Standard Digital	\$1,595	\$450
Hearing Aid	11506296	GN RESOUND	ALERA 5 AL577/87-DVIW BTE BTE Standard Digital	\$1,595	\$450
Hearing Aid	11507276	GN RESOUND	ALERA 5 ALT577/87DVIW BTE BTE Standard Digital	\$1,595	\$450
Hearing Aid	11507227	GN RESOUND	ALERA 7 AL767-DIW BTE BTE Standard Digital	\$1,895	\$650
Hearing Aid	11506297	GN RESOUND	ALERA 7 AL777/87-DVIW BTE BTE Standard Digital	\$1,895	\$650
Hearing Aid	11507277	GN RESOUND	ALERA 7 ALT777/87DVIW BTE BTE Standard Digital	\$1,895	\$650
Hearing Aid	11507230	GN RESOUND	ALERA 9 AL967-DIW BTE BTE Standard Digital	\$2,395	\$800
Hearing Aid	11506298	GN RESOUND	ALERA 9 AL977/87-DVIW BTE BTE Standard Digital	\$2,395	\$800
Hearing Aid	11507279	GN RESOUND	ALERA 9 ALT977/87DVIW BTE BTE Standard Digital	\$2,395	\$800

**Note:** The Price List breaks each hearing aid out separately. Each price on this list is per hearing aid.

## Processing Amplifon Sales

1. The patient comes in for the appointment and hearing instruments are recommended.
2. Provider logs into the Myamplifonusa.com system. Locate the patient in the **Referral Preview** grid or the **Referrals** tab to enter the outcome of the appointment.

Click **Enter Outcome** to complete the first step of the Amplifon Referral.

Dashboard | **Referrals** | Activity | Resources | Work Comp

**Amplifon Referrals** Total: 13  
 Filters: AP1234 - Hearing LLC | All Clinics | filter

Patient Name	Patient ID	Phone #	Customer Category	Plan Name	Price List	Referral Date	Audiological Findings	Process Sales PO #	Estimated Fit Date	Clinic
Jane Doe	191345	(626) 318-3144	Discounted	CIGNA HEALTHY REWARDS	<a href="#">View</a>	11/04/2015	<a href="#">Enter Outcome</a>	AM00053679		AP123400 MN - Plymouth
John Smith	204846	(626) 281-0751	Discounted	AETNA FUNDED	<a href="#">View</a>	11/04/2015	<a href="#">Enter Outcome</a>	AM00053680		AP123400 MN - Plymouth

**Step 1:  
The  
Audiological  
Findings**

Screen displays. Enter the following required information:

- **First Visit Date:**  
the date the patient was first seen for this Amplifon referral.
- **Staff Name:**  
Provider who saw the patient.
- **Left Loss Level**
- **Right Loss Level**
- **Loss Type**
- **Diagnosis 1**
- **Diagnosis 2**  
(if applicable)
- **Estimated Date of Fit**

**Note:** Audiogram can be uploaded in .jpg, .jpeg, .gif, .png and .pdf files. Only files under 5MB are allowed.

Click **Browse** and select the Audiogram from your computer folder. Click **continue**.

Click close in the upper right corner of the screen. (Steps 2-4 are entered after the patient is fitted).

**Note:** At times, Amplifon referrals do not lead to a sale. In this event, select the no sale box and enter the following information:

- **First Visit Date**
- **Left Loss Level**
- **Right Loss Level**

Click **continue**.

A message displays asking “Are you sure this patient’s visit is complete without a sale?” If you continue, this Amplifon Referral will drop off your Referral Preview and Referrals tab list and will appear in the Activity tab in the Myamplifonusa.com No Sale section.

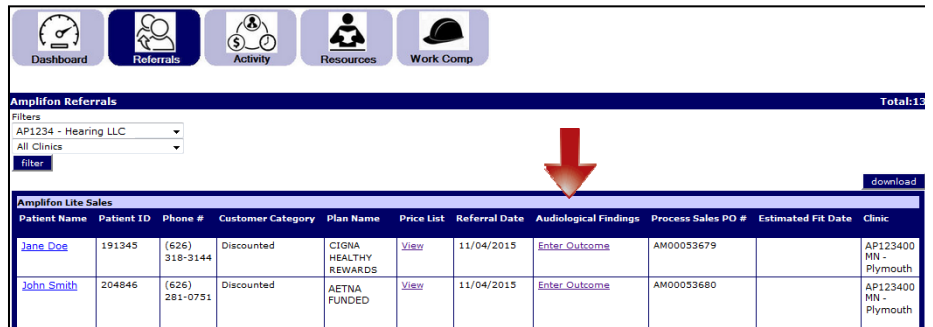
4. Provider orders the hearing aids through the manufacturer using the Process Sales PO# listed on the Dashboard and the Amplifon Bill-To # listed in the Amplifon FAQ document on page 6. Provider receives the hearing aids from the manufacturer and makes an appointment for the hearing aid fitting.



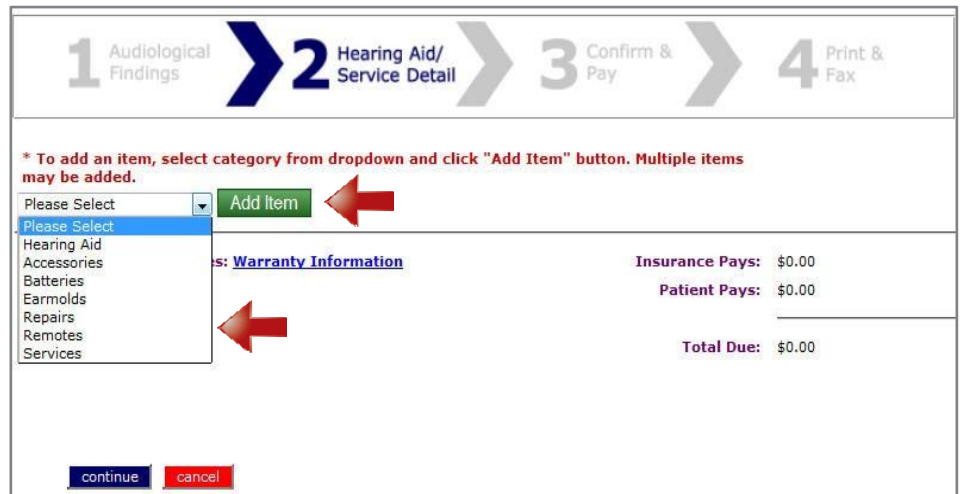
5. Patient is fitted with the hearing aids and payment is collected from the patient by the clinic.

6. Log into Myamplifonusa.com to complete the hearing aid sale.

➔ Locate the Amplifon Referral in the Referral Preview or the Referrals tab. Click the **Level of Loss** hyperlink in the Audiological Findings column.

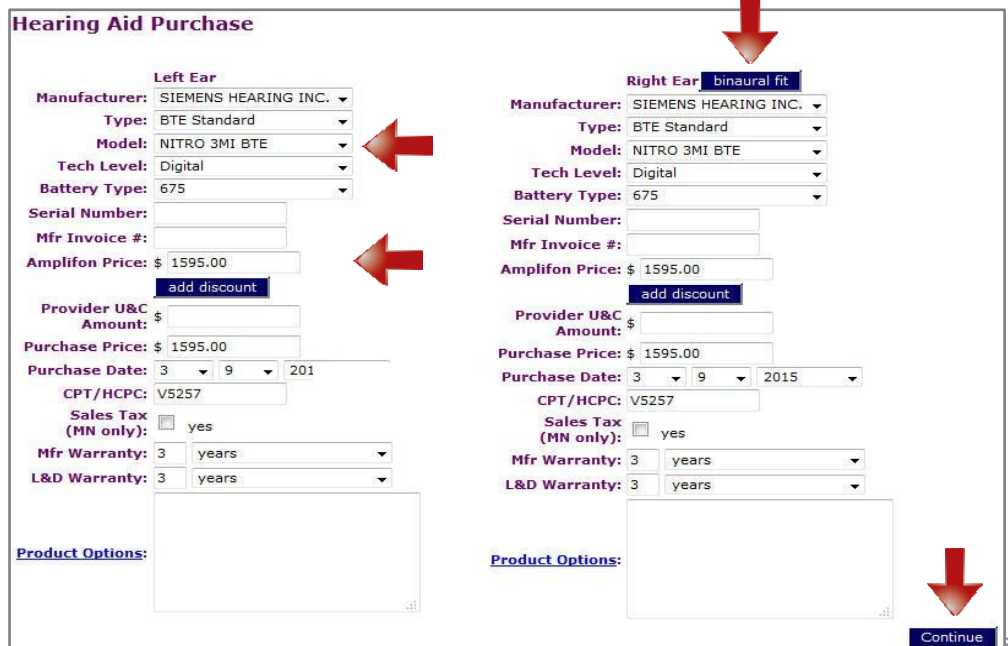


➔ **Step 2: The Hearing Aid/Service Detail** screen displays. Using the Add Item drop down menu, add the item to this purchase. Select the item you are selling to the patient and click **Add Item**.



➔ Select the **Manufacturer, Type and Model** on the Hearing Aid Purchase screen. If this is a binaural sale, select the **binaural fit** button next to the Right Ear section and the hearing aid will copy to the right side.

➔ Enter the **Manufacturer Invoice Number** and **Serial Number(s)**.



**Note:** All other fields auto populate.

➔ Click **continue**

➔ A summary of the sale displays. At this time, you may add more items by selecting from the drop down menu and clicking **Add Item**.

**Note:** Please verify the Date of Service selected. If the date is not correct, you can edit the date by clicking the calendar icon.

- [Edit](#) hyperlink allows you to edit the line item.
- [Delete](#) hyperlink allows you to delete the line item if you selected it in correctly or need to change the item for any reason.

**Note:** If the sale is for a **Funded patient**, the Calculate Fee Estimate screen displays. Insurance Verification information will populate the appropriate values in the Insurance Pays and Patient Pays fields. This enables you to collect the appropriate Patient Responsibility payment from the patient at time of fitting.

➔ **Step 3: Confirm & Pay** screen displays. Confirm the sale and enter the payment. Make sure all the sales information is correct.

**Note:** Utilize the back button if any sale information is missing or not correct and you will be brought back to step 2 where you can make the edits and/or enter additional sale information.

**Note:** You can also review the warranty information on this page, click on the blue [Warranty Information](#) hyperlink.

➔ Enter credit card payments directly into the system by clicking the **add payment** button.

In the **Add Payment** screen, enter the following information:

➔ **Payment Type** (Visa, MC, Discover, or AMEX).

➔ **Amount** (payment amount – if payment is the full amount, use the **total amt** button).

➔ **Card Number, Expiration Date, CCV #** (3 digit number on the back of the patient’s credit card).

- Do not make changes to any pre-populated date field.

**Note:** If there are multiple Credit Card payments, Click **Add Payment** for each separate transaction.

**Note:** Check and CareCredit payments are sent to Amplifon for processing.

- For Check payments, please mail check and copy of Receipt of Delivery to:  
Amplifon Hearing Health Care  
5000 Cheshire Parkway N  
Plymouth, MN 55446
- For CareCredit payments please fax the completed payment form to 1-888-371-5961.

7. Once the sale and payment is processed, print the Receipt of Delivery document.

➔ **Step 4: Print and fax the Receipt of Delivery document.** Click **print**.



**Provider and Patient sign the Receipt of Delivery document.**

- ➔ Confirm all information is correct.
- ➔ Review terms and conditions with the patient.
- ➔ Provider and patient sign and date the contract, and fax to Amplifon using fax number at bottom of document.
- ➔ Copy of the signed document should be given to the patient at the time of delivery.

**Note:** Battery sales will be shipped to the patient by Amplifon and they will receive them within two weeks of the Date of Service.

Honolulu Hearing LLC  
1234 Green Street  
Honolulu, HI 22222  
P: (222) 222-2222

**Receipt of Delivery**

**Patient's Name:** John Doe  
**Address:** 1 Court Rd, Honolulu, HI 11111  
**Phone:** (111) 222-2233  
**Patient ID:** 195519

**Insurance Plan Name:** CIGNA INDEMNITY  
**PO Reference:** HP025900  
**Diagnosis:** 389.10

	Item	Amount
1	Left Aid: SIEMENS HEARING INC. NITRO 3MI BTE Battery: 875; Mfr Wty Ends: 03/11/2018; Date of Service: 03/12/2015	\$1,595.00
1	Right Aid: SIEMENS HEARING INC. NITRO 3MI BTE Battery: 875; Mfr Wty Ends: 03/11/2018; Date of Service: 03/12/2015	\$1,595.00

0 free hearing aid batteries provided by Amplifon Hearing Health Care (per hearing aid purchased)

**Subtotal:** \$3,190.00      **Estimated Insurance:** \$2,562.00      **Payments:** \$0.00

**Warranty:** A three year warranty is provided except for economy products. You acknowledge that no other or inconsistent representations have been made by any Amplifon Hearing Health Care employee with respect to the warranty for the hearing aid(s) and options purchased.  
**Loss & Damage:** You acknowledge that your hearing aid(s) have a one-time Loss and Damage claim per aid used within the warranty period. A deductible will apply at time of claim. Please see the Hearing Care Professional for deductible amount. A loss and damage claim activated within the trial period below, renders the aid(s) ineligible for return, exchange, or refund.  
**60 Day Trial Period:** You, the patient, have a 60-day trial period which begins on the date the hearing aid(s) are delivered/dispensed. During this period, you can return or exchange the hearing aid(s). You may exchange these hearing aid(s) anytime within this 60-day timeframe and a new 60-day trial period will begin. For returns, you must return the aid(s) to the provider. The provider will inform Amplifon Hearing Health Care of the return, and Amplifon Hearing Health Care will refund the original patient payment in the manner in which it was received. The privileges described to you in this paragraph apply only to the original hearing aid(s) delivered to you on the date listed below.

**Payment Method:**     Credit Card     Check     CareCredit/Financing  
\*Type \_\_\_\_\_    \*Enter Check # \_\_\_\_\_    \*Complete form in system

I, the Patient, or as an authorized representative of the Patient, am purchasing and have accepted delivery of the hearing aid(s)/equipment referenced above. I understand that any amounts due that are the Patient's responsibility are immediately due and payable as of the date of my receipt of the hearing aid(s)/equipment to obtain the Amplifon Hearing Health Care Discounted Price. I understand Amplifon Hearing Health Care will bill the Patient's available insurance, health savings or reimbursement accounts and that any amounts not covered by these accounts are the Patient's responsibility to pay.

By signing this form I agree that I have read the information above and I understand its contents. I authorize Amplifon Hearing Health Care to bill my Credit Card/CareCredit account for the amount owed by the Patient -or- I have made payment in full by check, to be forwarded to Amplifon Hearing Health Care for payment in full.

X \_\_\_\_\_      \_\_\_\_\_  
 Patient's Signature at Delivery      Patient's Printed Name      Date

X \_\_\_\_\_      John Smith      \_\_\_\_\_  
 Provider's Signature at Delivery      Provider's Printed Name      Date

**Note: provider must be licensed and credentialed with Amplifon Hearing Health Care to conduct services or dispense hearing aids.**  
 Please fax this completed form and Manufacturer's Packing Slip  
 at time of delivery to # 888.844.5713. All forms must be faxed within 24 hours of delivery.  
 Amplifon Hearing Health Care 5000 Cheshire Parkway North Plymouth MN 55446

Date Printed: 03/09/2015

8. Provider faxes the completed Receipt of Delivery document with manufacturer packing slip to 1-888-844-5713.

Once a sale is processed in the Myamplifonusa.com system, it moves to the Activity tab.

The Activity tab consists of three sections:

1. **Myamplifonusa.com Sales:** Amplifon referrals where the sale has been entered by the location
2. **Myamplifonusa.com – NO SALES:** Amplifon referrals not resulting in sales
3. **Sales Entered by Amplifon:** Amplifon referrals completed by Amplifon Hearing Health Care

**Note:** In the Activity tab, you can review the Customer Summary, Price List, print another copy of the Receipt of Delivery, add additional payments, and download the results to Excel for Reporting purposes.

Processed Sales												Total:8	
Filters													
AP1234 - Hearing LLC													
All Clinics													
filter													
												download	
Amplifon Lite Sales													
Patient Name	Patient ID	Phone #	Customer Category	Plan Name	Pricelist	Referral Date	Audiological Findings	Process Sales PO #	Estimated Fit Date	Clinic	Receipt of Delivery	Additional Payment	Return/Exchange
<a href="#">Patient One</a>	220556	(111) 111-1111	Funded	RED TAB FOUNDATION	<a href="#">View</a>	10/08/2015	Level 3 - Moderate (41 to 55 DB)	AM00061044	10/14/2015	AP123400 MN - Plymouth	<a href="#">Print</a>	<a href="#">Add</a>	<a href="#">Not Available</a>
<a href="#">Patient Two</a>	220557	(333) 333-3333	Funded	CIGNA CHOICE FUND OAP	<a href="#">View</a>	10/08/2015	Level 3 - Moderate (41 to 55 DB)	AM00061045	10/08/2015	AP123400 MN - Plymouth	<a href="#">Print</a>	<a href="#">Add</a>	<a href="#">Not Available</a>
Amplifon Lite NO SALES													
Patient Name	Patient ID	Phone #	Customer Category	Plan Name	Pricelist	Referral Date	Audiological Findings	Process Sales PO #	Clinic				
<a href="#">John Smith</a>	215396	(222) 222-2222	Discounted	CIGNA HEALTHY REWARDS	<a href="#">View</a>	11/09/2015	Level 4 - Moderate to Severe (56 to 69 DB)	AM00061062	AP123400 MN - Plymouth				
Sales Entered by Amplifon													
Patient Name	Patient ID	Phone #	Customer Category	Plan Name	Referral Date	Audiological Findings	Process Sales PO #	Clinic					
<a href="#">Jane Doe</a>	209942	(333) 333-3333	Discounted	DELTA DENTAL MN	11/09/2015		AM00061064	AP123400 MN - Plymouth					

For questions on Amplifon's Policies and Procedures, please contact Amplifon Client Services at **1-800-920-4327**