

## Hearing-Aid Reimbursement Form

Please submit this form with all supporting documentation to:  
Oxford Health Plans, Attn: Claims, P.O. Box 7086, Bridgeport, CT 06601-7086

### BENEFIT INFORMATION

This form should be used when you purchase a hearing aid from a supplier of your choice that is not a HearX contracted provider. Please refer to your Member Handbook for a complete description of your hearing benefit.

**Standard Benefit:** Oxford Medicare Advantage will reimburse you up to \$300, every 36 months, for a medically necessary hearing aid that is purchased from a supplier of your choice. To receive reimbursement for your new hearing aid, please complete the information below, and submit this form along with a copy of your paid receipt to the address listed above.

### THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE SUPPLIER (Please Print Clearly or Type)

Supplier Name: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

Is this a HearX facility? ☐ Yes ☐ No

#### Hardware purchased (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> V5011 Fitting/orientation/checking of hearing aid       | <input type="checkbox"/> V5120 Binaural, body                      |
| <input type="checkbox"/> V5014 Repair/modification of a hearing aid              | <input type="checkbox"/> V5130 Binaural, in the ear                |
| <input type="checkbox"/> V5020 Conformity evaluation                             | <input type="checkbox"/> V5140 Binaural, behind the ear            |
| <input type="checkbox"/> V5030 Hearing aid, monaural, body worn, air conduction  | <input type="checkbox"/> V5150 Binaural, glasses                   |
| <input type="checkbox"/> V5040 Hearing aid, monaural, body worn, bone conduction | <input type="checkbox"/> V5160 Dispensing fee, binaural            |
| <input type="checkbox"/> V5050 Hearing aid, monaural, in the ear                 | <input type="checkbox"/> V5170 Hearing aid, CROS, in the ear       |
| <input type="checkbox"/> V5060 Hearing aid, monaural, behind the ear             | <input type="checkbox"/> V5180 Hearing aid, CROS, behind the ear   |
| <input type="checkbox"/> V5070 Glasses, air conduction                           | <input type="checkbox"/> V5190 Hearing aid, CROS, glasses          |
| <input type="checkbox"/> V5080 Glasses, bone conduction                          | <input type="checkbox"/> V5200 Dispensing fee, CROS                |
| <input type="checkbox"/> V5090 Dispensing fee, unspecified hearing aid           | <input type="checkbox"/> V5210 Hearing aid, BICROS, in the ear     |
| <input type="checkbox"/> V5100 Hearing aid, bilateral, body worn                 | <input type="checkbox"/> V5220 Hearing aid, BICROS, behind the ear |
| <input type="checkbox"/> V5110 Dispensing fee, bilateral                         | <input type="checkbox"/> V5230 Hearing aid, BICROS, glasses        |
|  | <input type="checkbox"/> V5240 Dispensing fee, BICROS              |
|  | <input type="checkbox"/> V5299 Hearing aid, miscellaneous          |

Cost of Hardware: \$ \_\_\_\_\_

**PLEASE NOTE:** You must attach a copy of the paid receipt in order to receive reimbursement.