



PENNSYLVANIA FACULTY

HEALTH AND WELFARE FUND

P.O. Box 60430
Harrisburg, Pennsylvania 17106-0430

Telephone: (717) 233-4776
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HEARING EXAMINATION AND HEARING AID APPLIANCE BENEFIT CLAIM FORM

Answer Each Item In Order To Qualify For This Benefit
Please Print

Member's Name: _____ SS #: _____

Home Address: _____ Telephone: _____

Patient's Name: _____ Birthdate: _____

Member's Signature: _____ University: _____

IMPORTANT: Return this form to the Fund Office with an itemized statement(s) attached.

PHYSICIAN OR AUDIOMETRIC SPECIALIST MUST COMPLETE THE FOLLOWING:

Provider's Name: _____ Specialty: _____

Office Address: _____ Telephone: _____

Services Rendered: _____

Based upon the above hearing examination and tests, I (Please check)

_____ do not recommend that this patient obtain a hearing aid.

_____ recommend that this patient be fitted with the following:

Brand Name & Model No. _____

Frequency response & Battery Power _____

Other Specification (describe) _____

I personally examined and rendered service for this patient.

Provider's Signature _____ Date of Service _____

See reverse side for filing instructions.

HEARING EXAMINATION AND HEARING BENEFITS

Important – Read Carefully

The Fund will pay up to a maximum of \$120.00 for a Hearing Examination and two (2) appliances no more than once in a three (3) calendar year period for Faculty members, their spouses and eligible dependent children. The Fund will pay up to \$950.00 for one (1) appliance and \$550.00 for a second appliance or \$1,500.00 if two (2) appliances are purchased together.

Eligible hearing benefit expenses include: the usual, customary and reasonable charges which an individual is required to pay for hearing examinations and appliances.

Exclusions under this program include:

1. expenses not recommended or approved by a physician or audiometric specialist;
2. expenses for which benefits are payable under Workman's Compensation Law;
3. non-durable equipment, such as batteries and parts of the appliance;
4. medical or surgical treatment of the ear or ears; and,
5. charges for services or supplies which are covered in whole or in part under any other portion of the Plan.

The following procedures must be completed to receive Hearing Examination and Hearing Aid Benefits.

1. Complete the upper portion of the Claim Form.
2. Your doctor or audiometric specialist must complete the lower portion of the Form after the hearing examination; and/or the prescribed hearing aid has been fitted and examined.
3. Pay all costs incurred in the purchase of the hearing examination and hearing aid.
4. Return the completed Form to the Fund Office with the itemized bill(s). The bill(s) must include a description of the examination; and/or the appliance; the amount(s) charged for the examination; and/or hearing aid appliance; the name of the person requiring the appliance and the provider's certification.

Reimbursement will be made directly to you, the Faculty member.