



**BlueCross  
BlueShield**

## Hearing Aid Authorization Request

Federal Employee Program.

### Instructions

- This form can be printed or downloaded to complete online.
- Documentation required (Must be attached to the form):
  - **copy of audiogram (hearing test)**
  - **hearing aid prescriptions**
  - **hearing aid manufacturer name**
  - **model number**
- Use the following fax number: 866-948-8823

### A. Member/patient information

Member/patient name	Date of birth	FEP Member ID Number
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### B. Provider information: Every field in this section is required.

Name of audiologist or hearing aid dealer		Contact person if available	
Address	City	State	ZIP code
Phone number with area code		Fax number with area code if available	
Tax ID		NPI number	
Is the servicing or billing provider (where you are getting your hearing aids from) the same as the requesting provider? <input type="radio"/> Yes. Skip to section C. <input type="radio"/> No. Continue with servicing or billing provider information below. This information is required.			
Name of servicing provider		Contact person	
Address	City	State	ZIP code
Phone number with area code		Fax number with area code	
Tax ID:		NPI number	

### C. Clinical information – Your hearing aid dealer or audiologist can provide the information below.

Procedure code/CPT code:	Modifier: (LT/RT/NU/RR)	Units:	ICD diagnosis code:

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