



Electric Boat Workers Comp Contracted Provider Guide

Effective January 2025

www.starthearing.com

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Start Hearing Contact Information

Start Hearing Workers Comp Dept.....1-800-733-2588

Claims Emailclaims@starhearing.com

Workers Compensation Email.....wc@starhearing.com

Start Hearing Credentialing Department.....1-800-510-4194

Credentialing Email.....credentialing@starhearing.com

Start Hearing Websitestarhearing.com

Information Requestsrequest@starhearing.com

Provider Forms/Documents.....starhearing.com/downloads

Starkey – ATTN: Start Hearing

6700 Washington Ave S

Eden Prairie, MN 55344-3405

**WHEN SENDING CUSTOM ORDERS, PLEASE DO NOT EMAIL PAPERWORK UNLESS
SCANS ON FILE ARE USED. PLEASE SEND THE REQUIRED PAPERWORK WITH THE
IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.**

General Information	
Eligibility	<ul style="list-style-type: none"> Workers Compensation patients are eligible when Electric Boat indicates it is appropriate.
Patient Responsibility	<ul style="list-style-type: none"> Patients are not responsible for any fees for services or products approved by Workers Compensation carrier. Patients are responsible for all fees related to non-approved products.
Earmolds & Receivers	<ul style="list-style-type: none"> All products require approval from the workers compensation carrier.
Replacement Earmolds & Receivers	<ul style="list-style-type: none"> Requires approval from the workers compensation carrier. Billable once every 12 months for receivers. Billable once every 6 months for earmolds.
Batteries & Wax Guards	<ul style="list-style-type: none"> One carton per aid will ship with the initial order. After the first year, claimants can call Start Hearing at 844-483-0889 to order additional batteries and/or wax guards. Start Hearing will bill Electric Boat directly.
Services	<ul style="list-style-type: none"> During the first year of warranty, all testing services, hearing aid checks, programming, cleaning, office repairs, tubes, dome changes, and adjustments are not billable to the workers compensation carrier or the patient. All services after the one-year warranty require approval.
Repairs	<ul style="list-style-type: none"> Requires approval from workers compensation carrier.
Loss & Damage	<ul style="list-style-type: none"> All hearing aids have a 3-year warranty. One-time L&D per aid within warranty period. For L&D charges, use Start Hearing's bill to account: E6048
Exchanges	<ul style="list-style-type: none"> Must be approved by the workers compensation carrier. Include the new Start Hearing PO# and order will be sent to Starkey – ATTN: Start Hearing.
Returns	<ul style="list-style-type: none"> Must be processed within the 60-day trial period. Return/Exchange form can be found here. Fitting fees are not returned if the patient was fit and has worn the hearing aids
Accessories	<ul style="list-style-type: none"> Available if approved by the workers compensation carrier. Repairs on accessories are not covered. Please request approval for any new accessories.

Process Overview

1. Patient will either call Start Hearing to find a credentialed provider or self-refer to a Start Hearing provider.
2. The provider will perform hearing test and provide a recommended product.
3. Provider will send hearing aid and service request form to Start Hearing for approval (page 7) and audiogram to Start Hearing at: wc@starthearing.com
4. Electric Boat will verify benefits and approve product recommendation.
5. Electric Boat will email Start Hearing the approval.
6. The provider will be notified of approval or denial to determine if order can be placed through Starkey.
7. Please visit our new provider portal linked [here](#). You can process referrals, appointment outcomes, place orders, process payments and signatures all in the portal. You can access the provider portal resources [here](#) to learn more! If you're not a portal user, please continue with the steps below.
8. The provider will place hearing aid order with Starkey, using the Start Hearing bill-to-account number, [E6048](#).
 - a. **Order forms** can be found [here](#). Go to the bottom of the page, under Printable Forms and choose the Start Hearing tab to view the correct order forms. All active product families are available based on the technology levels below.
9. Starkey will process the order and ship approved products to the provider.
10. Provider will fit the patient and send signed Confirmation of Delivery form to: claims@starthearing.com

Technology Level	Low (12)	Select (16)	Advanced (20)	Premium (24)
Out of Pocket Fees	\$0	\$0	\$0	\$0
Warranty	3 Year	3 Year	3 Year	3 Year

Billable Services

Repair – In or out of warranty

- Billable with a PO from Electric Boat Work Comp.

Hearing Aid Check (V5011)

- Cannot be billed within the first year of the fitting date.
- PO from Electric Boat is required.



Programming (V5013)

- Cannot be billed within the first year of the fitting date.
- PO from Electric Boat is required.

Electric Boat Workers Comp Hearing Aid and Service Request Form

Please complete this form for new hearing aid requests and/or replacements. Do not proceed with fitting new hearing aids, or trial, until you have received written approval from Start Hearing.

Date of Request:

Patient Information:

First Name		Claim Number (if known)	
Last Name		Date of Injury	
Address		Phone Number	
City, State, Zip			
Date of Birth		Diagnosis Code(s)	

Office Information:

Office Name		Provider Name	
Address		Phone Number	
City, State, Zip			
Contact Email			

Request Type:

Check Appropriate Box			
	New Hearing Aid(s) – Make/Mode/Quantity		
	Fitting/Orientation/Checking of Hearing Aid	DOS:	
	RIC Receiver / AP Receiver / Earmold – Specify Quantity: 1 2		Specify Side: RT LT
	Clean/Check Visit – Please Specify: RT LT	DOS:	
	Programming Visit – Please Specify: RT LT	DOS:	
	Repair/Repair Refit – Please Specify: RT LT	DOS:	
	Loss & Damage – Please Specify: RT LT		
	Wax Guards	DOS:	
	Batteries – Specify Size:	DOS:	
	Accessory: Please Specify:		

Justification for New Hearing Aids:

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For Electric Boat Work Comp Office Use Only

☐ Approved

☐ Denied

Adjuster Name (Printed)

Phone: _____

Adjuster Name (Signature)

Date: _____

If denied, list reason: _____



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