



Electric Boat Commercial Insurance Contracted Provider Guide

Effective January 2025

www.starthearing.com

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Start Hearing Contact Information

Start Hearing Provider Support.....1-888-819-9345

Claims Email claims@starhearing.com

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

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

Start Hearing Website starhearing.com

Information Requests request@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.**

All Start Hearing credentialed hearing professionals may participate in the discount program.

General Information	
Eligibility	<ul style="list-style-type: none"> • Electric Boat members are eligible every 3 years.
Member Responsibility	<ul style="list-style-type: none"> • All claims are subject to the patient’s deductible and coverage limitations. • Start Hearing will perform a verification of benefits to obtain an estimate of the out-of-pocket amounts. • Start Hearing will inform the provider of estimate to obtain approval from the member before the order is placed. • Member is responsible for any amount not covered by insurance.
Office Visits	<ul style="list-style-type: none"> • Patient receives six follow-up visits after fitting at no charge.
Warranty	<ul style="list-style-type: none"> • The warranty covers in-warranty repair and 1-time loss and damage. • Extended warranties for hearing aids may be available at Start Hearing network provider’s usual and customary charges, which vary based on technology level.
Warranty Extension	<ul style="list-style-type: none"> • A warranty may be extended before the current warranty expires. • Processed on the provider’s commercial account. • Member is responsible for any fees.
Loss and Damage	<ul style="list-style-type: none"> • May be used once per hearing aid during the warranty. • The L&D order is processed on the provider’s commercial account. • Provider may charge the member their usual and customary fees.
Return/Exchanges	<ul style="list-style-type: none"> • Must be processed within the 60-day trial period. Return/Exchange form can be found here. • Provider fees are not returned if the patient was fit and has worn the hearing aids.
Earmolds & AP Receivers	<ul style="list-style-type: none"> • Standard receivers and earmolds are at no cost when ordered with a hearing aid. • Absolute Power (AP) receivers are member responsibility and may be ordered for \$159.00* each. Use Start Hearing’s bill-to-account number when ordering AP receivers.

Replacement Earmolds & AP Receivers	<ul style="list-style-type: none"> • Replacement earmolds & receivers are ordered on the Start Hearing account. • No charge or reimbursement to provider. • Order form and claim worksheet should be sent to Start Hearing. • If replacement products are ordered on the commercial account, a credit / rebill will be processed.
Batteries	<ul style="list-style-type: none"> • Hearing aids will ship with 1 carton of batteries (40 cells). • Second and third year are sent on the anniversary of the fitting date.
Accessories	<ul style="list-style-type: none"> • Any desired accessories are ordered under the Start Hearing bill-to-account, E6048 and a payment link will be provided to collect the payment. Please reference the price list for accessory pricing.
Financing Option	<ul style="list-style-type: none"> • Care Credit offering up to 12-months, 0% interest.

Process Overview

1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
2. Credentialed provider performs hearing test and sends required paperwork to Start Hearing:
 - **Electric Boat Commercial Claim Worksheet – See page 8.**
 - **Audiogram:**
 - Must be physically signed by the provider and dated within 6 months of submission.
 - Audiograms from outside the fitting office are not allowed.
3. Start Hearing will obtain authorization and estimated out of pocket amount from United Healthcare.
4. Upon approval, Start Hearing will contact the provider with the estimated amount.
 - If the estimate is \$0, Provider will place the order through Starkey.
 - The provider will obtain approval from the patient for the estimated out of pocket amount.
5. 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.
6. The provider will place hearing aid order with Starkey, using the Start Hearing bill-to-account number, [E6009](#).
 - 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 in the chart below.
7. Claim will be set up with all billable codes.
8. Provider will fit patient and send the signed send Confirmation of Delivery form to: claims@starhearing.com

Technology Level	Low (12)	Select (16)	Advanced (20)	Premium (24)
Out of Pocket Fees	Dependent on deductible	Dependent on deductible	Dependent on deductible	Dependent on deductible
Warranty	3 Year	3 Year	3 Year	3 Year



*If there will be an out of pocket determined by insurance, the provider will be notified before the order is placed.

Electric Boat Commercial Insurance Claim Worksheet

Patient:	Member ID Number:
Address:	ICD-10 Diagnosis Code:
City, State, Zip:	Date of Birth:
Phone:	Gender of Patient: _____ Male _____ Female

Service Facility Information

Provider Name:	Provider NPI:
Facility Name:	Office NPI:
Facility Address:	Tax ID:
City, State, Zip:	Phone:
Contact Name & Email:	

New Hearing Aid Claim Codes

If code is not checked, it will not be billed.

- V5200 – CROS Dispensing Fee
- V5240 – BiCROS Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee
- V5011 – Hearing Aid Check
- V5013 – Programming

Accessories (please check):

- S1001 – Standard Receiver LT RT
- S1002 – Absolute Power Receiver LT RT
- V5264 – Earmold LT RT
- V5267 – Accessory LT RT
- _____ LT RT
- _____ LT RT

Provider to complete form & email to Start Hearing at: claims@starhearing.com. After received & entered by Start Hearing, a delivery confirmation will be sent to the office to place the order on the E Store or through Starkey Customer Service.

Hearing Aid Benefit VOB

- Individual Deductible Amt: _____
- Family Deductible Amt: _____
- Coinsurance Amt: _____
- Max Out of Pocket Amt: _____
- Patient Responsibility Amt: _____

Hearing Aid Model/Technology Level/Style

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