

# Hearing Aid Reimbursement Claim Form

## Medica Prime Solution® (Cost)

Your Medica plan provides up to **\$400** toward a hearing aid fittings/evaluation and hearing aid purchase once per calendar year. Replacement batteries are not reimbursable under this benefit. Batteries are only covered if supplied in the original package from the factory with a hearing aid.

To receive a reimbursement, you must:

- Complete this claim form
- Attach your itemized receipt(s)
- Submit within 365 days from the date of purchase
- Allow 4 to 6 weeks for processing
- **Send the completed form and a copy of your receipt(s) to:**

### FOR INTERNAL USE ONLY

Place of service: 11  
Cpt Code: V5299  
Diagnosis Code: H90.5  
Provider ID: 01-99999

**Medica Claims**  
**PO Box 30990**  
**Salt Lake City, UT 84130**

### To Be Completed by Policyholder (please print):

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medica Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Total Amount Paid for Hearing Aid: \_\_\_\_\_

Name of Vision Clinic or Provider: \_\_\_\_\_

Clinic Location (City, State, ZIP): \_\_\_\_\_

**Questions?** Call us at 952-992-2300 or 1-800-234-8755, 8 a.m.-8 p.m. CT, seven days a week. Access to representatives may be limited at times. TTY: 711

**MEDICA®**

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

**Toll-free 1-800-234-8755 ■ TTY: 711**