



HEARING SERVICE PLAN

**Provider Guidelines and
Application Form**

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What is the EPIC Hearing Service Plan?

The EPIC Hearing Service Plan (HSP) is the nation's first specialty care plan devoted to hearing and hearing aids. Founded in 1997, EPIC currently offers several plan models designed to carve out coverage for the vital sense of hearing. Most healthcare plans provide full service medical care as the major component of health benefits; they generally add complementary care such as dental, vision, and chiropractic in the form of riders. The EPIC Hearing Service Plan (HSP) provides a complementary program to manage hearing care and hearing aids. The EPIC HSP assures access to high quality providers, with defined standards of care, at fixed and pre-negotiated rates.

Who are the EPIC Hearing Service Plan Clients?

EPIC Hearing Service Plan has contracts with various organizations such as employers, insurance carriers, local unions and retiree organizations. The EPIC HSP is offered to these members as an employee or retiree complementary benefit. Members contact the EPIC HSP when in need of hearing care services.

How can I identify an EPIC Hearing Service Plan Member/Patient?

Members are guided by their employer to contact EPIC HSP to register and/or obtain additional information. EPIC will pre-arrange your contact with these members by managing the patient referral process. All patient referrals will have their HSP Patient Booklet.

EPIC HSP FAQ'S

Frequently Asked Questions:

Can I charge the patient for a hearing test?

You can bill the patient's major medical insurance if necessary for diagnostic purposes (not hearing aid related). In case the patient is going out of network or does not have insurance coverage, we have designed the EPIC HSP Provider Diagnostic Fee Schedule. Contact EPIC for details, most patient referrals will be for hearing aids and the hearing test is included in the provider fee for hearing aid dispensing.

Does EPIC bill the patient's medical insurance when they have a hearing aid benefit?

When a patient has a hearing aid allowance through their medical insurance, or some other plan, EPIC coordinates with the patient's coverages to submit the claim for reimbursement. The providers do not bill insurance. The only forms required for reimbursement are the two EPIC HSP Recommendation and Finalization forms.

Can I make a change in the recommendation if needed?

Yes. Contact the EPIC HSP for instruction on return for credit or exchanges within the allowed trial period.

How many referrals can I expect to get?

Referrals are on an incremental basis and considered additional business to your practice. We do not market to the general public. Our Hearing Service Plan is provided as an added benefit to employees or members of various organizations, unions, and retiree associations. Initially, there may only be a few; as the program increases, so will referrals.

What are the contracts in my area/state?

Contracts are local, regional, statewide and national, you may see patients from a variety of sources. They are with major carriers, union organizations, trade associations, and government entities.

What kind of warranty do the products come with?

The products all come with the standard manufacturer repair and L & D warranty coverage. EPIC extends the repair warranty up to 3 years on all models.

How are replacements under warranty handled?

EPIC manages all warranty replacements and collects any replacement fees from the patient. Completion of EPIC HSP notarized Loss & Damage Claim Form is required to reorder a replacement hearing aid. Contact EPIC for assistance at 866-956-5400.

Do you offer batteries to your members?

All patient purchases come with a one year supply of batteries.(48 cells) Patients may also purchase batteries through the HSP battery mailing program or privately through your office.

What if the patient decides to return the product after the trial period and the provider fee has already been issued?

Please see the return for credit section in the HSP Process and Guidelines.

Do we receive reimbursement for return for credits?

Yes, if applicable in your state, see return for credit section in the HSP Process and Guidelines.

Can I charge the patient for office visits after the trial period?

Generally, the plan asks you to see and provide routine follow up care for patients referred to you under the plan for the first 12 months. Some plans request assistance with the hearing aid for longer periods. Any new complaints of increased deficit or other hearing health care issues may be appropriately billed. Should any EPIC referral patient abuse the acceptable level of follow up care , please notify EPIC.

EPIC HSP REFERRAL PROCESS PROVIDER GUIDELINES



A. Referrals: Referral information is mailed to the patient and faxed to the Hearing Care Provider. Patients are instructed to contact the Hearing Care Provider office to schedule an appointment and to identify themselves as being referred by EPIC HSP. **Referral paperwork to the provider consists of the following:**

- **Referral Letter** explains referral process to provider.
- **Referral Activation** to indicate to EPIC HSP specific hearing aid recommendation being made for the patient.
- **Fax Cover Sheet** prescreened patient information.
- **Hearing Service Plan Booklet** (Mailed to patient) Booklets include plan descriptions, information on hearing loss, hearing aid information and pricing.

B. Testing: The EPIC professional fee includes evaluation, assessment, basic audiometric exams and tests to assess and measure candidacy for hearing aids. Most all referrals will be for hearing aid evaluation, assessment, selection and fitting. In the event any non hearing aid related diagnostic testing is required, we encourage you to utilize the patient's major insurance when applicable. (EPIC HSP has a reduced diagnostic fee schedule for patients with HMO insurance who choose to go out of network or who do not have insurance coverage; however, the EPIC HSP is not intended to override or supersede regular insurance coverage.) Contact EPIC directly for the diagnostic fee schedule if necessary.

C. Hearing Aid Recommendations: Provider hearing aid (s) recommendations should be made from the following participating manufacturers; Phonak, Unitron Resound, Starkey, Oticon, Widex, and Sonic Innovations. All technology and styles are available through these manufacturers. Exceptions may be made for another manufacturer and subject to prior approval from EPIC. **Please be specific with additional/circuit options or accessories on the Referral Activation form. Any added circuits or components not identified and approved on the Hearing Aid Recommendation/Referral Activation Form and faxed to EPIC, may be deducted at cost from the provider professional fee.** Recommendations on the **Referral Activation** form are faxed to EPIC at 626-723-2176 for Authorization and Purchase Order Number assignment.

D. Ordering: Authorization from EPIC is required prior to any hearing aid order under the Hearing Services Plan. See "Authorizations".

E. Authorizations: Authorization from EPIC is required prior to ordering hearing aid (s). Upon receipt and review of the hearing aid recommendation, EPIC will contact the patient to coordinate payment. An **Authorization Form** will be faxed to the provider with specific ordering instructions. Utilization of the Authorizing P.O. and EPIC Bill To account number provided by EPIC is required for the submission of the hearing aid order to the manufacturer.

IMPORTANT: By using the Authorizing Purchase Order, EPIC, not the provider, is billed directly for the cost of the product.

F. Trial Period: During the trial period it is important for the provider to make contact with the patient to confirm the purchase of the hearing aid (s). The trial period is not to exceed 45 days after which the patient should sign the bottom of the **Authorization Form**. The **Authorization Form** is faxed back to EPIC at 626-913-6454 and the provider reimbursement process begins. In the event that the signature is not obtained, EPIC will contact the patient directly for confirmation of purchase.

G. Reimbursement: Reimbursement is paid to the provider seven business days after receipt of the completed **Authorization Form** (with patient sign off). Please keep in mind that a HCFA 1500 (Universal Billing Claim Form) is not necessary to submit to EPIC for reimbursement. The provider reimbursement is based upon receipt of the **Authorization Form** signed by the patient at the end of the trial period and faxed to EPIC. Please keep in mind that if the patient did not sign the form, this may delay the reimbursement. **Remember, professional fee reimbursement is contingent upon complete and detailed order information on the Hearing Aid Recommendation Form.** (See Section C)

H. Return For Credit: In the event the patient returns the hearing aid (s) and declines to accept them within the 45 day trial period, EPIC will pay the provider a clinical administrative fee of \$150 (If applicable in your state). Should the patient indicate a desire to return the hearing aid (s) after the trial period has ended, or after signing an acceptance form, the patient should be directed to contact EPIC at 866-956-5400 for review and approval. Such approval is solely at EPIC's discretion and based upon individual case merits.

I. Warranties: All hearing aids come with manufacturer standard repair and loss and damage warranty coverage. The majority of the high end digital products do come with an additional year of coverage for repairs. EPIC HSP extends the repair warranty up to three years. All hearing aids in the third year repair warranty need an authorizing PO number from EPIC. In the event of a lost or damaged hearing aid contact EPIC for the required loss and damage claim form. EPIC will manage the process and coordinate any replacement fees. Please contact EPIC for assistance at 866-956-5400.

**Provider Professional Services
Reimbursement Schedule:
Complete Hearing Aid Dispensing
Monaural - \$250-750
Binaural - \$500-1,500**

Ear Professionals International Corporation
PROVIDER AGREEMENT FORM

Version 02/12

This Provider Participation Agreement is between Ear Professionals International Corporation ("EPIC") and the undersigned hearing care Provider ("Provider").

EPIC is a hearing healthcare organization that arranges for the delivery of hearing aid and related services, and maintains continuing relationships with insurer and employer groups in order to market the services of the members of EPIC's Independent Practice Association ("IPA").

Provider is licensed and certified in the locations indicated below to provide audiological, hearing aids, and related hearing healthcare services and wishes to participate in EPIC's IPA.

Now, therefore, the parties agree as follows:

1. EPIC has designed and marketed a hearing care program defined as the EPIC Hearing Service Plan ("HSP") and is actively contracting with third-party payers ("TPPs") and distributors of health benefits who seek to provide to their participating members those services and products outlined in the EPIC HSP program. Provider agrees to provide hearing diagnostics and hearing aids in accordance with published standard of care per the American Academy of Audiology.
2. Upon signing the Provider Agreement Form, Provider agrees to the set terms and fees of the EPIC HSP as described in the provider guidelines. Should EPIC make any changes to the terms and conditions of the HSP, then Provider shall be notified before referral of patients under these new conditions. The Provider will have 10 days to affirmatively accept new conditions or terms, and if Provider does not affirmatively accept within the 10 day period, then Provider will be deemed to have rejected the new terms and conditions. The Provider will still be considered as included for patient referrals under the original contract terms and conditions.
3. All billing and reimbursements will be performed per the EPIC HSP Provider Guidelines. The Provider shall complete forms as defined and fax them to EPIC. EPIC will bill and collect all funds for services and products defined in the EPIC HSP. EPIC will reimburse Provider for professional services per the guidelines and schedules. All billings and reimbursements shall be subject to the indemnification provisions set forth in section 8 below.
4. Provider agrees that all patient referrals received under the EPIC HSP are directly the result of EPIC's business and marketing efforts. Provider agrees not to subvert or otherwise divert patients from EPIC HSP to any other plan or to personal and private office status. EPIC agrees that after referred patient is seen and 12 months have lapsed, and patient is no longer in the EPIC HSP, then Provider is no longer bound by these non-diversion terms. If provider diverts patient in any way, EPIC may terminate him/her from EPIC's provider network, and may take further legal action as necessary to maintain contractual commitments.
5. Provider shall not discriminate against any referred patient in the provision of Services on account of race, sex, color, religion, marital status, national origin, ancestry, age, physical or mental handicap, health status, disability, need for medical care, sexual preference, veteran's status or status as an EPIC referred customer.
6. Provider shall at all times maintain, at Provider's sole cost, a policy of professional malpractice liability insurance with a licensed insurance company in amounts per claim and in the aggregate which are generally accepted as satisfactory in such areas in which Provider practices.
7. Provider agrees that EPIC may use Provider's name, address, phone number, type of practice and willingness to accept new patients in the EPIC roster of participating Providers.
8. In the performance of this agreement, the parties shall at all times be acting and performing as independent contractors. Subject to the terms of this agreement, neither party shall have nor exercise any control or discretion over the patient/ provider interaction Nothing herein shall be construed to create between EPIC and Provider the relationship of employer/employee, partners or joint venturers.
9. Each party agrees to defend themselves and each of their shareholders, directors, employees, agents and representatives against any and all liabilities, losses, settlements, claims, demands and expenses of any kind which may arise out of the performance or the omission of any act or responsibility pursuant to this agreement as the applicable Provider contract, including, without limitation, any dispute with any TPP beneficiary for defamation, malpractice, fraud or negligence or other cause of action.
10. This agreement may be terminated by either party at any time, without cause, upon 30 days prior written notice to the other party. Termination of this agreement shall not affect the payment obligations of the parties with respect to services rendered prior to the date of termination.
11. The validity, interpretation and performance of this agreement shall be governed by and construed in accordance with the laws of the state of California. Any controversy arising out of or relating to this agreement or its breach will be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered to in any court having jurisdiction. Such arbitration shall occur within the county in which Provider's principal practice is located unless otherwise agreed. The arbitrator may in any such proceeding award attorney's fees and costs to the prevailing party. EPIC and Provider agree that the prevailing party in any legal dispute between them shall be entitled to payment of its reasonable attorney's fees.

I/We have read the above information on the hearing benefit program through the EPIC Hearing Service Plan and agree to provide professional services under the terms and conditions as a participating provider. I understand there is no cost to sign up, and I may terminate at any time with 30 days notice. PLEASE SIGN AND FAX BACK TO 626-913-6454

Practice Name: _____ **Dispensing License #** _____

Audiologist Name (s): _____ **Audiology License #** _____

NPI # _____ **TAX ID#** _____ **Medicaid ID#** _____ **Office Contact :** _____

Practice Address: _____

Phone: _____ **Fax :** _____ **Email:** _____

Authorized (Print) _____ **Signature:** _____

Title

Date