

COLORADO FUNDING CHECK LIST

The Funding Check List is a way to verify that all necessary information required to submit for funding to: Medicaid, Private Insurance, CHAMPUS / Military Insurance and Medicare is included within the Funding Package. All requested documents are necessary. Missing information will result in processing delays. The funding sources mentioned above have strict guidelines which must be followed. Hearit is simply reinforcing those guidelines in an attempt to reduce denials and delays. Hearit is required to keep a copy of all documentation on file for possible audits by the applicable funding source(s). However, a copy should be kept by both the client advocate and client contact. Both the client advocate and client contact will receive notification from Hearit when the request has been submitted to the applicable source(s). Many thanks from the funding staff at Hearit for your cooperation and patience.

Required Documents / Information (Documentation should not be more than six to eight months old)
(Please mark off all enclosed documentation/information and attach to the Funding Package.)

- ☐ Hearit Funding Questionnaire (3 completed pages) (FQ - 6/98) (enclosed)
- ☐ Clear and current copies of the client's applicable funding source card(s)
(Medicaid, Private Insurance, CHAMPUS/MI and Medicare)
- If requesting funding from Colorado Medicaid, the following documentation is needed:

- ☐ Refer to the Colorado Augmentative Communication Device Policy Requirements (enclosed)
- ☐ Augmentative Communication Device Questionnaire (enclosed)
- ☐ Completed Colorado Prior Authorization Request (PAR) form (enclosed)
Note: The (PAR) form is to be partially completed by the Physician.

The Physician should complete the following: Client Medicaid Number, Name, Address, DOB & Age; Item or Service Requested and Manufacturer Name/Model only (Enter the name of the exact equipment including device and accessories — Hearit products only!). This form needs a live signature at the bottom.

Incorrectly completed (PAR) forms will be returned for proper completion!

- If requesting funding from a source other than Colorado Medicaid, the following documentation is needed:
- ☐ Physician's Prescription and/or written order (Should specify "EXACT" Equipment)
- ☐ Comprehensive Speech/Language Evaluation(s)
- ☐ Augmentative Communication Evaluation(s)/Assessment(s) (Can be part of a Speech /Language Evaluation)
- ☐ Letter(s) of Medical Necessity / Support (We recommend a minimum of two)
[From: Speech, Occupational and/or Physical Therapist(s), Nurse(s), Physician(s), Psychologist(s), Psychiatrist(s), Teacher(s), Case Worker(s) and other Caregiver(s)] (Should specify "EXACT" Equipment)

Additional Documentation/Information (when applicable)

- ☐ Letter(s) of denial from Funding Sources already contracted for coverage of the equipment requested
- ☐ Completed Rental Contract (Must be signed)
Note: MOST FUNDING SOURCES WILL NOT SIGN THE RENTAL CONTRACT!

Send the completed funding package to:

Hearit LLC - 8346 N. Mammoth Drive - Tucson, AZ 85743

If faxing information, please follow up with the original documents via mail.