

## Caterpillar Hearing Aid Claim Form

To help ensure correct and efficient payment of claims for Out-of-Network Hearing Aid services,

Please complete the **required** information on this form and review the following reminders:

- > Is your Member # (Subscriber # or Alt ID) included on the form?
- > Did you check the appropriate box or boxes for the item(s) or services you wish to have covered?
  - Indicate whether you are submitting a claim for a hearing exam or a hearing aid by placing a check in the space in front of the code(s) and description(s).
- > Did you complete all the provider information including Tax Identification number? Your provider's office can provide this number to you.
- > Did you attach the receipt?
  - The receipt contains your name, the services and supplies purchased and name and address of the store or supplier.
  - Does the name on the receipt match the name on your UHC card? For example, Nate Smith will not be recognized if recorded at UHC as Nathan Smith. If your name does not match, please note the different name on the receipt.
- > If the receipt does not have a price, also include the cash register receipt with the items to be reimbursed circled. It is important to note that for your claim to be processed appropriately, we must be able to match up the services with the amount paid. If your receipt does not have a price, an itemized cash register receipt is required.
- > Please do not highlight or staple items together.

If you have any questions about the processes above, please contact UHC at (866) 228-4215.

Please complete all sections of this transmittal form. Claims may be delayed if all sections of this form are not completed. However, this does not guarantee that additional information will not be requested from you to process the claim. You will be advised in writing should additional information be required.

## Out-of-Network Hearing Aid Claim Form Transmittal for Caterpillar Inc.

Complete and Return this form via mail to:  
United Healthcare Medical Claims  
PO Box 740800  
Atlanta, GA 30374-0800

Group Name		<b>Caterpillar Inc.</b>		Group Policy #	100400
Member Name				Member ID #	
Patient Name				Patient Relationship	
Patient Date of Birth				Member Phone #	
Member's Return Address: <b>HEARING EXAM</b>		Street			
		Town/City			
		Zip code			
Date of Exam		Exam Fee \$			
Audiometry for hearing aid evaluation; determine level and degree of hearing loss – S0618 <input type="checkbox"/> Assessment for a Hearing Aid – V5010 <input type="checkbox"/> Fitting /orientation/checking of the Hearing Aid – V5011 <input type="checkbox"/> Audiometry for hearing aid evaluation; determine level and degree of hearing loss – S0618 <input type="checkbox"/> Assessment for a Hearing Aid – V5010 <input type="checkbox"/> Fitting /orientation/checking of the Hearing Aid – V5011 <input type="checkbox"/>					

### Hearing Aids

#### Date of Purchase

- Hear aid, monaural, body worn, air conduction V5030 RT  LT   
 Hear aid, monaural, body worn, and bone conduction V5040 RT  LT   
 Hear aid, monaural, in the ear V5050 RT  LT   
 Hear Aid, CROS Behind the ear V5180 RT  LT   
 Hear aid, BICROS, in the ear V5210 RT  LT   
 Hear aid, digital monaural, cic V5254 RT  LT   
 Hear aid, digital monaural, itc V5255 RT  LT   
 Hear aid, digital monaural, ite V5256 RT  LT   
 Hear aid, digital monaural, bte V5257 RT  LT   
 Hear aid, digital binaural, cic V5258 RT  LT   
 Hear aid, digital binaural, itc V5259 RT  LT   
 Hear aid, digital binaural, ite V5260 RT  LT   
 Hear aid, digital binaural, bte V5261 RT  LT

**DIAGNOSTIC CODE:** H90.3 – Sensorineural Hearing Loss – H90.5 – UNS Sensorineural Hearing

Provider Name:		Street	
Tax ID #		Town/City	
		Zip code	

Section 3 – Pay to Information

**PAY TO EMPLOYEE ONLY**

Section 4 – Employee Signature - Signing this will verify that you have purchased the hearing aid billed on the form above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_