

Audiologist Attestation Form for HAAPI

Revised 11/8/2016

I, _____, hereby attest that I have completed the due diligence necessary to for the Hearing Aid Assistance Program of Indiana (HAAPI) administrators to process the request for hearing aid assistance for _____.

Please select all that apply and attach all documentation, when available.

NOTE: You must select at least ONE.

- PREFERRED METHOD:** I have reviewed *written documentation* from the patient's insurance company stating hearing aids are:
 - fully excluded from the child's policy.
 - partially covered by the child's policy.
- I have reviewed documentation from the patient's insurance company.
 - Aids are fully excluded from the child's policy.
 - Aids are partially covered by the child's policy.
- I spoke with _____ at _____ insurance company via _____ (ex. email /phone) on _____ (date), to verify coverage.
 - Aids are fully excluded from the child's policy.
 - Aids are partially covered by the child's policy.
- (*Applies only when partial coverage is available.*) I will provide HAAPI administrative staff with an explanation of benefits, after I bill insurance.

Notes: _____

I will not hold HAAPI or its administrators liable for any information presented within the application that is not accurate. I understand that if insurance coverage was available for the child's hearing aids, that I may be required to reimburse HAAPI for any payment made to me by HAAPI for a covered service.

Furthermore, I will take full responsibility for any false information within the application. I have taken the necessary steps, in good faith, to ensure that HAAPI is the payer of last resort.

Signed: _____

Title: _____

Date: _____

You must attach a copy of the patient's insurance card for this document to be accepted.