

ATTACHMENT G

Audiologist's or Hearing Instrument Specialist's Verification

Instructions

Each Audiologist or Hearing Instrument Specialist who provides services under this Contract must complete this form by: (a) placing his or her initials in rows 1 through 10 of Column B to indicate that he or she has read and understands the terms in the same row in Column C; and (b) signing page 2 of this Verification.

If an Audiologist or Hearing Instrument Specialist becomes a partner, shareholder, or employee of the Contractor after the Contractor has submitted his or her Application: (a) the Contractor shall cause the Audiologist or Hearing Instrument Specialist to complete and sign a copy of this Verification; and (b) the Contractor shall submit the verification to the Division of Services for the Deaf and the Hard of Hearing within thirty days after the Audiologist or Hearing Instrument Specialist becomes a partner, shareholder, or employee.

A	B	C
#	Initial	Terms
1		I understand that this Contract is specific to the North Carolina Division of Services for the Deaf and the Hard of Hearing Equipment Distribution Service and is unrelated to any other contract, agreement or understanding executed with any other agency of the State. (RFA Article 1)
2		I understand that the primary purpose of this Contract is to facilitate the Recipient's use of the telephone and that only those who need assistance with telephone use, who are cognitively and physically capable of using the telephone, and who own or have free access to a telephone, should be certified and fit with a hearing aid under this Contract. (RFA Article 3: Definition of "Service"; RFA Sections 4.2 and 4.4)
3		I have read and understand the clinical criteria that qualify an individual for a hearing aid through this service. (See RFA Section 4.4)
4		I have received a copy of the RFA, have reviewed said copy and have ready access to it for reference in my primary office/work location files. (RFA Section 4.5)
5		I understand that the Contractor must give the Division's Contract Administrator written notice of any changes to the information contained in any of the Application documents by no later than thirty (30) days after the change occurs and that the Contractor must use the "Notification of Information Change" form supplied by the Division to give that notice. (RFA Section 4.22)
6		I understand that a Recipient must be fit with a telecoil-equipped hearing aid within 30 days of receipt of the authorization letter. I also understand the telecoil must be activated for use and that a demonstration of use with a telephone must be provided the Recipient. If for any reason I am unable to meet this requirement, I will notify DSDHH to provide detailed explanation and to request an extension. (RFA Section 4.8)

A	B	C
#	Initial	Terms
7		I understand that if I determine that an Applicant meets the eligibility criteria in RFA Section 4.4, I must immediately give the Applicant, or the Applicant's official representative, a copy of the Applicant's hearing loss audiogram and a completed and signed "Certification and Documentation of Equipment Need." I shall not withhold these documents from the Applicant or the Applicant's official representative for any reason and shall not forward these documents to the Regional Center serving the Applicant's County of Residence unless requested. I understand no charge to the applicant will be applied for these documents. (RFA Section 4.2)
8		I understand the Reimbursement allowances as defined within this Contract and know that all costs for fitting an Applicant with a hearing aid through the Equipment Distribution Service cannot exceed \$1,200.00. I further understand that no costs will be passed off to the Applicant or any member of the Applicant's family. (RFA Section 6.3)
9		I understand that, if I determine that an Applicant cannot use a BTE hearing aid, I must document this limitation: (a) in the "Physical Limitations" subsection of the "Certification and Documentation of Equipment Need" and (b) in a letter (printed on company letterhead stationery) addressed to the Division's Equipment Distribution Coordinator. In that event, with the coordinator's prior written consent , I may fit the Recipient with a telecoil-equipped, full-shell, in-the-ear (ITE) hearing aid. Notwithstanding the foregoing, only a BTE hearing aid will be approved for a resident of any skilled care nursing facility. (RFA Section 4.6)
10		I understand that authorizations are only valid for twelve months and that invoices received by the Division after the end of the twelve months will not be paid. (RFA Section 6.4)

By initialing and signing this Verification, the undersigned hereby verifies that he or she: (a) has been shown a copy of the Contract between the between the Department of Health and Human Services, Division of Services for the Deaf and the Hard of Hearing, and the Contractor named below; (b) understands that the terms in the foregoing table summarize the terms of that Contract; (c) has read and understands the terms in the table; and (d) will comply with those terms when dispensing telecoil-equipped hearing aids under the Contract.

Contractor's Printed Name

Signature

Printed Name

Date

NOTE TO CONTRACTOR: Attach a copy of the above-named Audiologist's or Hearing Instrument Specialist's license or letter of renewal/verification of licensure to this Verification.