



North Carolina Department of Health and Human Services
Division of Services for the Deaf and the Hard of Hearing

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Claudia B. Horn, M.S.
Senior Director

Jan Withers
Division Director

ATTENTION!!
2015 - 2017 HEARING AID PROVIDERS

Attached is the State Authorization form that is signed by the
Equipment Distribution Services (EDS) Coordinator.

**PLEASE FOLLOW INSTRUCTIONS BELOW REGARDING REIMBURSEMENT FOR HEARING AIDS
AWARDED THROUGH THE EDS PROGRAM.**

The Contractual prices for the hearing aids are as follows:

- Amount on Hearing Aid Manufacturer's invoice
- Amount on Manufacturer's invoice for one custom occluded ear mold - not exceeding \$50 + Standard Shipping & Handling not to exceed \$20.00 **OR** amount on Manufacturer's invoice for domes, tips and other non-occluded molds—not exceeding \$15.00 + Standard Shipping & Handling per package of 3 or more; only shipping charges can be submitted for a one-time reimbursement for any re-makes of custom molds
- Ear mold materials and impressions fee for the original custom ear mold – not to exceed \$30
- Dispensing Fee – not to exceed \$352
- One package of Batteries - not to exceed \$6.00

Total Cost for All Reimbursements are not to exceed \$1200.00

**REIMBURSEMENT FOR HEARING AIDS RETURNED DURING THE 30 DAY TRIAL PERIOD FOLLOW THAT
AS OUTLINED IN SECTION SIX (6) OF THE CONTRACT.**

THE AUTHORIZATION FORM:

1. Enter the contractual price of each item on the line under STATE RATE and AMOUNT BILLED (see details below)
2. Enter the total cost on the total line under STATE RATE and AMOUNT BILLED
3. Sign your name on the line below VENDOR SIGNATURE CERTIFYING (bottom right)

THE DELIVERY AND FITTING FORM:

Signatures are REQUIRED from both patient and dispenser and dated when the hearing aid is fit and on the day of the first required follow-up visit during the trial period. ***If for any reason difficulty arises to schedule the applicant for a follow-up visit within the trial period, you must first notify DSDHH of this difficulty and to make explanation for the delay. At that time, arrangements for processing relative invoices can possibly be made.***

www.ncdhhs.gov/dsdhh/

Tel 919-874-2212 • 800-851-6099 • Videophone • 919-890-0859 • Fax 919-855-6872

Location: Woodoak Bldg, GL-3, 1100 Navaho Drive • Raleigh, NC 27609

Mailing Address: 2301 Mail Service Center • Raleigh, NC 27699-2301

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OTHER DOCUMENTATION NEEDED:

1. Either a CMS-1500 Form or an itemized list of expenses on company letterhead with the expenses mentioned above. On your itemized Invoice, please enter the Authorization number as found in the upper left corner (# starts with "000")
2. The Hearing Aid manufacturer's original invoice
3. The Ear Mold manufacturer's original invoice

Make a copy of the authorization form and invoices for your records. Assemble the signed authorization and all your original supporting invoices in one envelope. Return the envelope to our address:

*DSDHH/EDS
2301 Mail Service Center
Raleigh, NC 27699-2301*

Forms (authorization and invoices) that are not complete could cause the payment processing to be delayed. Remember – Authorizations more than one (1) year old cannot be paid.

Thank you for your attention to these matters.

Tom Kuszaj
EDS Coordinator