



Hearing Aid Repair/Replacement Durable Medical Equipment Provider Hotline Service Authorization Request

Phone: 800-848-0811 Fax: 360-902-6490

When making a request to replace a hearing aid more than 5 years old, please include a completed [Hearing Services Worker Information](#) (F245-049-000) and refer to the [Medical Aid Rules and Fee Schedule](#) (MARFS) available on our website www.Lni.wa.gov.

Provider Information

Business Name	Contact Name
Phone Number	Fax Number

Worker Information

Worker's Name	Phone Number	Claim Number
Address		

Authorization Request Information (Billing Codes)

Prescribing Provider Name	
Type of Request <input type="checkbox"/> Durable Medical Equipment <input type="checkbox"/> Hearing Aid Repair/Supply <input type="checkbox"/> Hearing Aid Replacement/Supply For hearing aid repair/replacement/supply: <input type="checkbox"/> Left Ear _____ <input type="checkbox"/> Right Ear _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Hearing Aid Serial Number Hearing Aid Serial Number </div>	
Date of Service	Estimated Total Cost \$

Billing Codes:

1. _____	3. _____
2. _____	4. _____

Description of Problem:

Example: Receiver not working.

Reason for Repair:

Example: Normal wear and tear.

Authorization Response — You will receive a response by fax

Authorized
 Duplicate Request
 Referred
 Missing Information
 This is a self-insurance claim. Please contact: _____

Comments:

Completed By _____ Date _____

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