Washington State Department of Labor & Industries

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

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

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

☐ Durable Medical Equipment ☐ Hearing Aid Repair/Supply ☐ Hearing Aid Replacement/Supply

For hearing aid repair/replacement/supply:

☐ Left Ear ____________________ Hearing Aid Serial Number ☐ Right Ear ____________________ Hearing Aid Serial Number

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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