

FriendshipHearing.com

MEDICAL EAR CARE AUTHORIZATION

Ear care is available onsite by Friendship Hearing Aid Center. This ear care program combines ear healthcare and audiological hearing services.

If it is determined that significant hearing loss is present, we will assist in the fitting, dispensing and follow-up maintenance of a hearing aid. Treatment other than routine follow-up, as set by the facility, will be discussed with you in order to select the best course of medical care. I would like to participate in the ear healthcare program: Yes By my signature below, I request that payments of authorized Medicare and/or Medicaid benefits be made on my behalf to FRIENDSHIP HEARING AID CENTER for any services furnished me by the supplier. I authorize any holder of medical information to release to the Health Care Financing Administration (HCFA) its agents and/or assigns, any information needed to determine these benefits or the benefits payable for related services. Resident Signature of Resident or Responsible Party Date **Printed Name**

Witness (Received Verbal Consent)