



# VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN

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## HEARING AID BENEFIT FORM

Eligibility: VHHSBP employees only. VHHSBP will only reimburse you when services are provided by General Vision Screening (GVS), Vision Screening Inc. (VSI) or Empire (HearPO).

Maximum reimbursement allowed: A lifetime maximum of \$1,500 per ear to cover the cost of a hearing aid. In no way will the reimbursement be more than what was paid out of pocket.

### Claim Submission Rules:

- § Entire claim form must be completed in full by participant, patient or parent, if minor.
- § A separate claim form must be submitted per patient.
- § The need for a hearing aid must be approved by a certified audiologist and a letter from the audiologist must be submitted with the original bill.
- § The bill must state the participant's name and address, patient's name, relationship to House Staff Officer, date of service and amount of purchase. No photocopies, charge receipts or cancelled checks can be considered for reimbursement.
- § All claims must be submitted to our office at the above-mentioned address within one year of the date of service. Claims submitted after one year will be denied.

### Please complete the following:

Participant's Name: \_\_\_\_\_  
(Last Name) (First Name)

Social Security No.: \_\_\_\_\_ Hospital where employed: \_\_\_\_\_

Home Address: \_\_\_\_\_

(City)

(State)

(Zip code)

Contact phone number: \_\_\_\_\_ Type (home, mobile, etc.) \_\_\_\_\_

E-mail address: \_\_\_\_\_