

**AT&T CarePlus Claim Form
Hearing Aid(s)**

Once you have your hearing exam and have purchased your hearing aid(s), complete the claim form information below and submit it with the required reimbursement documentation. You may submit your claim either by mail or fax.

The following items are required to obtain reimbursement under your CarePlus Program.

1. Itemized bill or bill of sale showing all items purchased and date received.
2. Proof of payment – This can be a cancelled check, credit card receipt, or statement indicating 'paid' at time of dispensing. This must accompany your itemized bill or bill of sale.
3. Other insurance verification of payment or denial of coverage. This may be one of the following:
 - Explanation of benefits from your medical plan or Medicare Supplement Plan
 - Denial letter from your medical plan or supplement indicating hearing aids are not covered
 - Copy of your benefits booklet or summary plan description showing hearing aid coverage details
 - Copy of Medicare Supplement F, N, or G card. These plans exclude hearing aids from coverage.

Mail or fax completed form and all supporting documentation to:

Mail to:

AT&T CarePlus Program
PO Box 30886
Salt Lake City, UT 84130

OR:

Fax to:

(888) 369-0957

EMPLOYEE INFORMATION:

Employee Name: _____

Member ID: _____ Date of Birth: _____

Employee Address: _____

City/State/Zip _____

Preferred Phone Number: (_____) _____
Area Code Number

PHYSICIAN/HEALTHCARE PROVIDER INFORMATION:

Provider Name: _____

Provider Address: _____

City/State/Zip _____

Tax Identification Number (TIN): _____

Contact Person: _____

Contact Person's Phone Number: (_____) _____
Area Code Number

Member Signature: _____ **Date:** _____

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.