



Costco hearing aid reimbursement form

Moda Health and Costco have teamed up to reimburse members* who purchase a hearing aid at a Costco Hearing Center. Through this partnership, Moda Health will reimburse you the amount allowed under your plan's hearing aid benefit at the time of purchase.

For more information about your benefits, please log in to myModa, check your Member Handbook or call Moda Health Customer Service.

- 1 To find the Costco Hearing Center nearest you, go to modahealth.com and click on Find Care.
- 2 Visit your most convenient location and take your free Costco hearing test. If your test results show you may benefit from a hearing aid, Costco will recommend one based on your hearing loss and lifestyle.
- 3 Please pay Costco the full cost of the hearing aid before you submit a request for reimbursement.**
- 4 The Costco hearing specialist will complete their section of the claim form and give it back to you to submit to Moda Health for reimbursement.
- 5 Make a copy of the claim form and your receipt and send both to Moda Health.

If you have questions, please contact Moda Health Customer Service toll free at 888-873-1395. (TTY users, please dial 711.)

Section 1 > Patient information

Last name	First	M.I.	Date of birth (mm/dd/yyyy)	
Subscriber ID no.	Group no.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone no.	
Address		City	State	ZIP Code
<input type="checkbox"/> The above information is true to the best of my knowledge. I authorize my health care benefits be paid directly to me. I understand I must complete the whole form and provide the proper receipts to process the claim. I also authorize the physician, insurance company or health plan to release any information required to process my claims.				
Patient signature X			Date (mm/dd/yyyy)	

Section 2 > To be completed by Costco representative

Costco location no.	Costco NPI no.	Costco tax ID no. 91-1223280	Reason for testing Hearing loss	
Place of service address		City	State	ZIP Code
Date of service (mm/dd/yyyy)		Phone no.	Fax no.	
Hearing products and price <input type="checkbox"/> V5257 Digital hearing aids monaural \$ _____ <input type="checkbox"/> V5261 Digital hearing aids binaural \$ _____ <input type="checkbox"/> V5264 Ear mold/insert, not disposable, any type \$ _____ <input type="checkbox"/> V5266 Battery for use in hearing device \$ _____ <input type="checkbox"/> V5267 Hearing aid supplies and accessories \$ _____ <input type="checkbox"/> V5298 Hearing aid, not otherwise classified \$ _____				

Coverage for these services, when available, is subject to your Moda Health plan's language, benefits and limitations. Please refer to the current Moda Health Member Handbook or contact Moda Health Customer Service for more information.

*To be eligible for this benefit, you must be a Moda Health member with a current hearing aid benefit and a Costco member.

**Reimbursement may take up to 30 days.

Ready to submit? Mail this form and your receipt to Moda Health, P.O. Box 40384, Portland, OR 97240-0384 or email medical@modahealth.com, ATTN: Rx Claims Reimbursement.

