



Hearing aid reimbursement instructions

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

For more information about your benefits, please log in to myODS, check your Member Handbook or call ODS Alaska Customer Service.



EASY STEP-BY-STEP REIMBURSEMENT GUIDE

- 1** To find the Costco Hearing Center nearest you, go to www.odsalaska.com and click on Find Care.
- 2** Visit the most convenient location for you and take your free Costco hearing test. If your test results show you may benefit from a hearing aid, Costco will recommend a suitable solution based on your hearing loss and lifestyle.
- 3** Please pay Costco the full amount of the hearing aid before you submit for reimbursement.**
- 4** The Costco Hearing Specialist will complete their section of the claim form (see reverse side) and give it back to you to submit to ODS Alaska for reimbursement.
- 5** Make a copy of the claim form **and your receipt** and send both to ODS Alaska.

Please feel free to contact ODS Alaska Customer Service with any questions.

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

**To be eligible for this benefit, members must be an ODS Alaska member with a current hearing aid benefit and a Costco member.*

***Reimbursement may take up to 30 days.*

OVER »



Costco hearing aid reimbursement form

ODS Alaska Member ID no. _____

Group ID no. _____

SECTION 1 | Patient information

Patient last name	First	M.I.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address	Street/P.O. Box	City	State	ZIP code
Date of birth (mm/dd/yyyy)	Home phone	Cell phone		

SECTION 2 | Authorization

The above information is true to the best of my knowledge. I authorize my health care benefits be paid directly to myself. I understand I must complete the form in its entirety and provide the proper bills to process the claim. I also authorize the physician, insurance company or health carrier to release any information required to process my claims.

Patient signature X	Date
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TO BE COMPLETED BY A COSTCO REPRESENTATIVE

Costco location no.	Costco Tax ID no. 91-1223280	Costco NPI no.	Reason for testing Hearing loss	
Place of service address	Street/P.O. Box	City	State	ZIP code
Date of purchase (mm/dd/yyyy)	Phone	Fax		
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 \$ _____		

PLEASE SEND COMPLETED FORM AND RECEIPT TO:

MAIL: ODS Health Plan, Inc., PO Box 40384, Portland, OR 97240-0384 Attn: Claims Reimbursement

EMAIL: medical@odscompanies.com

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

www.odsalaska.com