



Cochlear™ Lend an Ear Program

Dear Family,

Thank you for your interest in choosing a Cochlear™ Baha® Start System for your child's hearing needs. Cochlear recognizes the importance of providing early access to sound to promote optimal speech and language learning and is pleased to offer our Lend an Ear Program.

The Lend an Ear Program can be used for an initial or replacement* Baha Start System for your child. The Lend an Ear program is designed to offer your child early access to their new Baha Start System while the insurance approval process takes place, which may take an average of 6-8 weeks.

Once Cochlear receives this Patient Acknowledgement Form and your Baha Start Clinic Order Form (featuring the Lend an Ear program option), an initial review by our Reimbursement and Insurance Services Team will occur. A review of your insurance benefits will take place, which allows Cochlear to understand your insurance coverage specifically for bone conduction equipment. Upon verification of benefits, Cochlear will reach out to you with an explanation of your benefit details and may include an estimate of potential out-of-pocket costs.

Once insurance approval is received, Cochlear will contact you as necessary to obtain payment of your estimated out-of-pocket cost share. After your cost share is satisfied, the additional components that are included in the Baha Start System will be shipped to your home address on file. A transfer of ownership of the Softband/SoundArc and sound processor into your child's name will then occur, which means you can keep the existing Baha sound processor that has already been fitted for your child and all applicable manufacturer's warranty periods will begin as of the final shipment date.

* If you are seeking a **replacement** Baha Start System, your child must be out of sound on at least one ear or side. We also require an Assignment of Benefits (AOB) and request the consent of your clinician to ensure they are able to accommodate the fitting and programming of a loaner device. In some cases, a clinic will require insurance approval *before* a replacement processor can be fit and programmed. If this is the case, you will be notified, and the replacement Baha Start System will be shipped after insurance approval is received.

What if your insurance does not approve services?

In the event your insurance denies services and the appeal process has been exhausted, you will have the option to pay a discounted self-pay rate or return the equipment with no additional cost to you. Payment and/or return details will be provided to you at that time.

At any time throughout this process, you can contact Cochlear's Reimbursement and Insurance Services Team by calling 800-633-4667, opt. 2 or emailing reimbursement@cochlear.com if you have any questions.

Cochlear Americas

10350 Park Meadows Drive, Lone Tree, CO 80124

T 800-633-4667, Option 2 | F 866-706-8875 | E: reimbursement@cochlear.com | www.cochlear.com

Acknowledgement and Informed Consent of Cochlear's Lend an Ear Program

By signing this form, I acknowledge that I have read and understand the terms of Cochlear's Lend an Ear program ("the Program"), and have had the opportunity to ask Cochlear about anything that I do not understand. I understand that I am not required to participate in the Program.

I acknowledge that receipt of the equipment does not constitute or guarantee insurance approval, and that my claim for approval may be denied even after receiving loaned equipment from Cochlear.

I understand that Cochlear will attempt to obtain prior authorization from my health insurance provider for equipment, supplies or services provided to me; however, there is no guarantee that Cochlear will receive authorization or payment from my health insurance provider.

I understand that if my health insurance provider agrees to authorize the Baha Start System, then my child can keep the new sound processor and all remaining accessory items will be shipped to my home.

Should my insurance provider not approve or cover service and I choose not to proceed with Cochlear's self-pay discounted rate, then I acknowledge that I am responsible for returning the equipment to Cochlear. Failure to return unauthorized equipment to Cochlear within thirty (30) days will result in Cochlear billing me for the total retail cost of the equipment.

Printed Patient Name: _____

Printed Name of Responsible Party: _____

Relationship of Responsible Party to the Patient: _____

Signature of Responsible Party: _____ Date: _____

Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

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