# **OMS Pre-Surgical Insurance Support**

# Patient insurance support program overview



#### Dear Clinician:

Otologic Management Services Insurance Support (a department of Cochlear Americas, referred to herein as "OMS") is pleased to offer your patients the option to participate in our insurance preauthorization/ predetermination of benefits program. The purpose of this program is to establish coverage for and facilitate patient access to Cochlear<sup>™</sup> hearing implant systems. We offer this assistance free of charge to all participants, and without regard to the volume or value of business conducted with Cochlear.

The preauthorization process can begin once OMS has received all necessary documentation from the patient, including a HIPAA-compliant authorization to share their records with Cochlear. OMS engages in this process independently from your clinic, on your patients' behalf and for their benefit. OMS will pursue coverage in good faith until it believes, in its sole discretion, that the maximum level of authorization allowable by the patient's insurance policy has been secured. OMS cannot and does not guarantee coverage, and it reserves the right to determine when the appeal process for preauthorization of insurance benefits is exhausted.

If OMS obtains a positive preauthorization, surgery should be scheduled in a timely manner. A delay in time between preauthorization and surgery may necessitate a reconfirmation of the patient's benefits.

Please ensure each patient who will be utilizing our services receives a copy of Cochlear Americas Notice of Privacy Practices.

Please provide the following information and return to OMS at: email OMS@cochlear.com or fax to 303 799 4353.

#### **Type of Surgeries Performed:**

Cochlear Implants	Auditory Osseointegrated Implants	Both	
Company Name:			
Company Tax ID:		_ Company NPI:	
Company Address:			
Clinician's Printed Nam	e (please include all applicable provide	rs in group):	
Company Contact Nan	ne:		
Company Contact Ema	il:		
Company Contact Pho	ne Number:		



## 866 433 4876 FAX 303 799 4353

### OMS@cochlear.com www.cochlear.us/ReimbursementHub

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