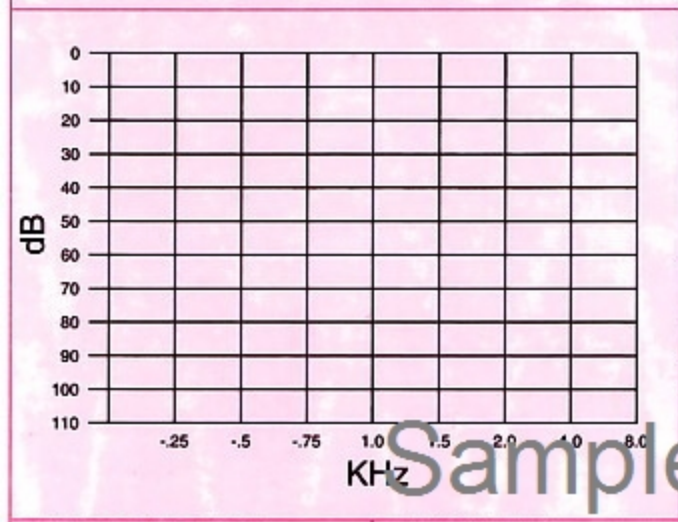


NYS MEDICAL ASSISTANCE - TITLE XIX PROGRAM HEARING AID - ORDER/PRIOR APPROVAL REQUEST

ORDER SRC	ORDER DATE	ORDERING PROVIDER NUMBER	PROF CODE	ORDERED BY (NAME)	CLIENT ID	CLIENT NAME
				TELEPHONE NUMBER		ADDRESS
ADDRESS					DATE OF BIRTH	CITY STATE ZIP CODE



PRIMARY DIAGNOSIS	AIR CONDUCTION PURE TONE AVERAGE	RIGHT	LEFT	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> THROUGH MEDICAID
SECONDARY DIAGNOSIS	RECEPTION THRESHOLD	dB	dB	MFGR _____	
	SPEECH DISCRIMINATION	%	dB	MODEL _____	
		%	dB	DISPENSED BY _____	
				DATE _____	
Legend	Air Conduction Masked	SOUND FIELD SP. AUDIOMETRY	NO AID	WITH RECOMMENDED AID	
RT EAR	○	RECEPTION THRESHOLD	E D	EXAMINER	DISPENSER
LT EAR	×	DISCRIMINATION @35dBHL			
	Bone Conduction Masked	DISCRIMINATION @50 dBHL			
RT EAR	[DISC. IN NOISE			
LT EAR	>	EAR(S) FITTED	L R B	L R B	
		<input type="checkbox"/> SINGLE SOUND TREATED ROOM	<input type="checkbox"/> AUDIOLOGY	Possible Disability	
		<input type="checkbox"/> TWO ROOM SOUND SUITE	<input type="checkbox"/> OTOLARYNGOLOGIST	Accident	
				<input type="checkbox"/> CHANGE IN CLINICAL STATUS	<input type="checkbox"/> *LOST
				<input type="checkbox"/> *STOLEN	<input type="checkbox"/> *DAMAGED
				*ATTACH STATEMENT	
				<input type="checkbox"/> RECOMMENDATION	<input type="checkbox"/> NO <input type="checkbox"/> YES
				PRESCRIPTION <input type="checkbox"/> YES, SPECIFY	
				BELOW BY ITEM CODE	
				<input type="checkbox"/> CROSS	<input type="checkbox"/> BICROS
				<input type="checkbox"/> BINAURAL	<input type="checkbox"/> RIGHT
				<input type="checkbox"/> LEFT	<input type="checkbox"/> BOTH

SERVICING PROVIDER NAME	TELEPHONE NUMBER	<input type="checkbox"/> SINGLE SOUND TREATED ROOM	<input type="checkbox"/> AUDIOLOGY	EXAMINER PROVIDER NUMBER	EXAMINER SIGNATURE
SERVICING PROVIDER NUMBER	PROVIDER ADDRESS	<input type="checkbox"/> TWO ROOM SOUND SUITE	<input type="checkbox"/> OTOLARYNGOLOGIST	LOC CODE	
	CITY STATE ZIP				

ITEM CODE	DESCRIPTION	QUANTITY REQUESTED	TOTAL AMOUNT REQUESTED
1			
2			
3			
4			



DO NOT STAPLE IN BARCODE AREA

PA REVIEW OFFICE CODE	↑ ALIGN TOP AND LEFT EDGES OF STICKER ATTACHMENT NUMBER
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