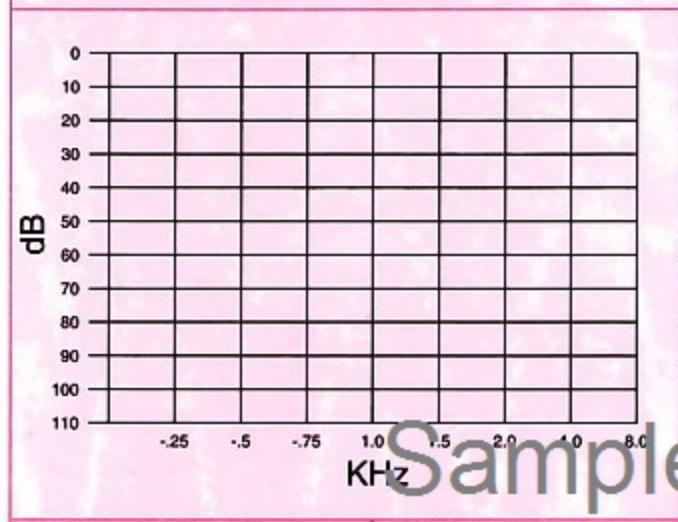


NYS MEDICAL ASSISTANCE - TITLE XIX PROGRAM HEARING AID - ORDER/PRIOR APPROVAL REQUEST

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

SERVICING PROVIDER NAME	TELEPHONE NUMBER	SERVICING PROVIDER NUMBER	PROVIDER ADDRESS	ORDERING PROVIDER SIGNATURE	LOC CODE	EXAMINER PROVIDER NUMBER	EXAMINER SIGNATURE
			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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