

WEA Trust

Thank you for inquiring about the hearing care discounts available to you. To receive your plan discounts.

1. Schedule an appointment with an approved National Ear Care Plan provider from the provider directory search results. Identify yourself as a WEA Trust member.
2. Take this letter and enclosed *NECP Discount Summary Form* to the provider when you go to your initial appointment. The provider will complete the form and return it to NECP.
3. Pay the provider directly for all services and products at the discounts listed below.

Hearing Examinations

Comprehensive Audiometry	\$49 (\$59 New York; \$59 California)
Acoustic Immittance Tests	\$35

Conventional hearing aids are discounted 20% from provider's usual charge not to exceed the following maximums (includes circuit options).

In-The-Ear (ITE)	\$670 per hearing aid
In-The-Canal (ITC)	\$770 per hearing aid
Behind-The-Ear (BTE)	\$695 per hearing aid
Completely-In-Canal (CIC)	\$1,175 per hearing aid

Programmable/Digital Hearing Aids 10% discount

Custom Earmolds, Repairs, Related Products (excluding batteries) No Charge

Annual Cleaning and Check of Hearing Aids Purchased under the Plan No Charge

Additional Information:

- Hearing aids not specifically defined above are priced at a 20% discount from provider's usual charge.
- There is a 45-day return policy for all hearing aids purchased through the plan.
- Providers may retain a fee of \$35 per returned hearing aid (plus custom earmold charge, if any). Return policy is always subject to state law.
- Other medical procedures not included in this plan may be billed by your provider.
- *These discounts cannot be used in conjunction with any other discount program.*

If you have any questions about the discounts, **please call NECP at 1-800-999-1458.**

02/2003

HearUSA Hearing Care Network - National Ear Care Plan

6825 E. Tennessee Ave., Suite 415, Denver, CO 80224-1632 - Toll-free: (800) 333-3389 - Fax: (303) 399-7719

Plan C – Voucher – Discount Summary Form

Identifying Information

Member Name: _____ Group Name: _____
(e.g. PlanPlus, Member's First)

Address: _____

City: _____ State: _____ Zip Code: _____

Provider Name: _____ Provider Number: _____

Practice Name: _____

Professional Services

Date of Testing: _____

Audiometry (CPT 92557) Yes No Usual \$ _____ Discount \$ _____

Acoustic Immittance Tests

Tympanometry Yes No Usual \$ _____ Discount \$ _____

Acoustic Reflex Yes No Usual \$ _____ Discount \$ _____

Acoustic Decay Yes No Usual \$ _____ Discount \$ _____

Maximum Charges

\$49 (\$59 in
CA and NY)

\$15

\$10

\$10

Hearing Aid(s)

Date of Dispensing: _____ Hearing Aids: Left Right Both

Type of Hearing Aid(s): BTE ITE ITC CIC CROS/BICROS
 Other: _____

Type of Technology: Conventional Single-Channel Prog. Multi-Channel Prog. Digital
 Other: _____

Total Hearing Aid Charges: Usual \$ _____ Discounted \$ _____

Custom Earmolds, Repairs, Related Products: Usual \$ _____ Discounted \$ _____

Comments:

**Patient pays discounted charges directly to provider. There is no-third party reimbursement.
PROVIDER: Please mail or fax (888-303-6327) this Discount Summary Form to HearUSA/NECP. Thank you!**