MEDPlus
HEALTH SOLUTIONS

MEDPlus Health Solutions Inc.
1207 North Franklin Street, #325
Tampa, FL 33602
P: 888-803-0201
F: 888-551-7188
W: www.medplushs.com

New Hearing Claim Referral Form

Date: ______________________________ Company Name:_____________________________

Contact Name:_______________________ Contact Phone:______________________________

Fax:________________________________ Email_______________________________________

Claim Info:

Claimant Name:______________________________ Claim #:___________________________

Street Address:_______________________________ City:______________________________

State:______________ Zip:___________________ Phone #:____________________________

Date of Birth:_______________________ Employer:__________________________

Notes:____

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Authorized Products and/or Services:

Hearing Test: ☐ Hearing Aid(s): ☐ Batteries: ☐ Hearing Aid Check: ☐

Hearing Aid(s) Repair: ☐ Hearing Aid Supplies: ☐ Ear Molds: ☐

Notes: (Please list any information that will be helpful when processing the referral)

Please fax this form and all historical Audiograms, IME, and any historical battery and/or supply claims for the above referenced claimant to: 888-551-7188

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