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

(Editable on your computer. Click on the lines and start typing)

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:_____

_____

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 email this form and any historical Audiograms and/or IMEs for the above referenced claimant to referrals@medplushs.com . You may also fax it to 888-551-7188.

Contact Gail Pearson with any questions. Cell: 253-350-8877 or Email: g.pearson@medplushs.com