AUDIENT
An Alliance for Accessible Hearing Care
Northwest Lions Foundation for Sight & Hearing

Administered by EPIC Hearing Healthcare 3191 W. Temple Ave. Suite 200 Pomona, CA 91768

Toll Free: 866-956-5400 ext. #2 Fax: 909-348-0070

Dear AUDIENT Candidate,

Thank you for your interest in AUDIENT, an alliance for accessible hearing care, an affiliate of the Northwest Lions Foundation for Sight & Hearing. Attached you will find the two page AUDIENT application. Please mail or fax the completed and signed form to EPIC Hearing Healthcare for candidacy consideration

Once you have been income qualified **you will pay in the range of $495 to $975 for one hearing aid and related care, or $990 to $1575 for two hearing aids and related care when ordered at the same time*.** This includes: a fitting, three adjustments during the first year, and fully digital hearing aid(s). This does not include the hearing evaluation. The cost is based on the type of hearing aid(s) that suit your hearing needs. Your AUDIENT Hearing Care Provider will work with you to help you understand which of the hearing aids available through AUDIENT will best suit your hearing needs.

You can qualify if you are earning less than these annual incomes:

AUDIENT Income Qualification Chart			
Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	$27,075	$33,825	$31,150
2	$36,425	$45,525	$41,900
3	$45,775	$57,225	$52,650
For each additional person, add:	$9,350	$11,700	$10,750

Please complete the enclosed form and fax it to EPIC at 909-348-0070, or mail to:

EPIC Hearing Healthcare
3191 W. Temple Ave Suite 200
Pomona, CA 91768

Once you are approved, we will contact you to coordinate your referral to an AUDIENT Program participating hearing care professional. If you have any questions please call us at 1-866-956-5400 extension #2.

With best wishes,

Dru Coleman
Dru Coleman
Program Services Administrator

This program is made possible through the dedication of the AUDIENT providers and suppliers to serve AUDIENT income qualified patients.

*Costs subject to change without advanced notice 4.25.2013

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AUDIENT Program Application Form

Please complete this *two page* form and send it to:

EPIC Hearing Healthcare
3191 W. Temple Ave Suite 200
Pomona, CA 91768
Or fax to**: 909-348-0070**

Patient Information:

Full Name: (Please print) _____

Address: _____

_____

City: _____ State: _____ Zip code: _____

Phone Number: (_____) _____ Fax: (_____) _____

E-mail: _____

Male___ Female___

Date of Birth_____

Care Giver/Counselor Information: (Fill in if candidate has difficulties communicating by phone or if referred by counselor.)

Full Name: (Please print) _____

Relation to Candidate: _____

Address: _____

_____

City: _____ State: _____ Zip code: _____

Phone Number: (_____) _____ Fax: (_____) _____

E-mail: _____

Hearing Care Provider Information *Optional*

If you found out about the AUDIENT program from your Hearing Care Provider, please provide their information here:

Name of Clinic: (Please print) _____

Name of Hearing Care Provider: _____

Address: _____

_____

City: _____ State: _____ Zip code: _____

Phone Number: (_____) _____ Fax: (_____) _____

Additional Information (Please circle either Yes or No)

Do you currently own or wear hearing aids?	Yes	No
Have you had a hearing test/audiogram recently?	Yes	No

Where did you learn about AUDIENT? _____

Preferred Form of Payment

If you qualify for the AUDIENT Program and upon assessment of your hearing and the recommendation of hearing aids by your provider, which form of payment would you prefer? (Please mark one.)

☐ Certified Check ☐ Credit Card ☐ Financing/Payment Plan

Gross Annual Income for Candidate's Family $_____

Number of family members dependent on income: (including yourself) _____

Certification of Total Income

I certify and declare under penalty of perjury that the figure listed above is reflective of my **total annual gross income**.

If I qualify **I will be responsible for paying the total costs associated with my hearing care.** Depending on the hearing aid recommended by my AUDIENT hearing care provider the cost for one hearing aid and related care is in the range of $495 to $975, the cost for two hearing aids and related care when ordered at the same time is in the range of $990 to $1,575. * This cost covers the AUDIENT hearing care provider fitting fee, three adjustments during the first year, fully digital hearing aid(s), and a one year limited manufacturer's warranty. **Batteries not included**. **No warranty on ear molds.** The cost is based on the hearing aid(s) suitable to my hearing needs as recommended by my AUDIENT hearing care provider. Office visits in excess may incur a charge collected directly by the provider. The one year limited hearing aid manufacturer's warranty covers repairs, and one time loss or damage. The payment of a $200 processing fee for each replacement hearing aid will be my responsibility*. I agree to be responsible for any provider related expenses pertaining to dispensing the replacement hearing aid(s). Those expenses will be billed directly to me by the provider. I understand that the fees are subject to change without advanced notice.

Hearing aids returned because they did not benefit my hearing loss can be refunded if returned to my AUDIENT Hearing Care Provider in good condition before the end of the 30-day trial period. PLEASE NOTE: In the case of purchasing two hearing aids at the same time, and returning only one of the them to the AUDIENT Hearing Care Provider in good condition before the end of the 30-day trial period, the amount that will be refunded to me or the party that paid for the hearing aid(s), will be the difference between the cost of purchasing one hearing aid at a time rather than half the cost of two hearing aids purchased at the same time.

I understand that EPIC Hearing Healthcare is a third party administrator for the AUDIENT provider partners.

Name: (Please print) _____

Signed:_____

Date:_____

When you have completed all of the above, please send it to:

EPIC Hearing Healthcare
3191 W. Temple Ave Suite 200
Pomona, CA 91768
Or Fax to: **(909) 348-0070**

If you have any questions, please contact EPIC toll free. **1-866-956-5400 ext. #2**

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