

An incomplete claim form will delay your claim.

Please complete the Policy Holder/Claim Information requested below. Have your Practitioner complete the Hearing Instrument Information section and send a copy of this claim form to ESCO within 90 days of the occurrence. Both the Policy Holder AND the Practitioner's signatures are required before ESCO can process your claim. Once processed, ESCO will send a letter regarding the status of your claim to you, the policy holder, at the mailing address shown below and to the practitioner.

Policy Holder/Claim Information

The information below to be completed by the hearing instrument wearer or the parent/guardian of the wearer. Please pay particular attention to numbered items below that are essential to processing your claim.

1 Wearer Name _____

Guardian Name _____
(If applicable)

Mailing Address _____

City/State/Zip _____

Phone Number _____

2 Date of occurrence _____ *Month/Day/Year*
(Specific month/day/year required)

3 The reason for your claim (select one)
 Loss (Describe the events surrounding the loss)

Damage Repair/Service Repair
 (Describe the malfunction—for example, component failure.)

Damage Beyond Repair
 (Describe the unintentional events surrounding the damage.)

Sworn Statement Signatures

I certify that the information on this form is true and correct. I further understand that filing a dishonest or fraudulent claim is unlawful. The Wearer requests ESCO to send the authorization letter to the Practitioner named on this form.

4 Wearer Signature _____
(Or guardian) _____ Date _____

Hearing Instrument Information

The information below is to be completed by the Practitioner. Areas marked by arrows A - C (below) are essential to processing this claim. Please see reverse for additional claim procedure information.

Policy # _____

Please supply the information regarding each claimed device:

Specifics	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Left
A Serial #		
Model		
Manufacturer		

Style (Check the appropriate box.)

BTE RIC ITC HS
 ITE CIC MC Other _____

Remote /Transmitter Serial # _____

B Practitioner Information

Office Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Practitioner Fax Machine _____

Practitioner E-mail address _____

Please transmit completed form to ESCO's claim FAX (800-894-6056). Once processed, ESCO will mail a response. In addition, practitioners may request information be sent via Fax or E-mail (check box above).

C Practitioner Signature _____ Date _____

For ESCO Office Use only.

4D L _____ D _____

Cov _____ Code _____

PH# _____



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ONLINE CLAIM PROCEDURE

1. Go to earserv.com and click the [PRACTITIONER LOGIN](#) button
2. On the left hand side-click log in. Enter username/password (which usually is the ESCO Center # for both)
3. Once logged in, click the gray [Online Claims](#) button
4. Begin to type in the patient's last name (click the patient)
 - Pick appropriate policy number (click continue)
 - Choose the type of claim and which serial number is being claimed (click continue)
 - Type in date of occurrence and a quick description of event (click continue)
 - Review the sworn statement, type in electronic signature for policyholder, office staff and provide office email address to be able to receive the ESCO authorization letter.

PRINTED CLAIM PROCEDURE

Once ESCO has received, processed and approved a signed and completed claim form, the claim procedure is as follows:

1. ESCO

Send authorization letter (which includes bill to, and authorization number) to the practitioner within 1 business day.

2. Practitioner

Fill out appropriate repair/loss and damage form. The bill to, and authorization are provided in the authorization letter. Please send ESCO Authorized letter to Manufacturer. All orders should be sent directly to manufacturer. Please do not send hearing instruments to ESCO.

3. Manufacturer

Repaired/Replaced instruments will be returned to your office. The manufacturer will bill ESCO directly. If a replacement product is necessary and that product is no longer available from the manufacture, a like kind and quality will be substituted.

4. Receiver Replacement in Office

Complete claim form and submit to ESCO for review. When approved, an authorization for a new receiver will be sent to your office. You may replace the patient's receiver and use the authorization number to replenish your stock.

5. Earmold Replacement

Please note the earmold is only covered if the BTE hearing instrument is replaced. Order the earmold directly from your earmold manufacturer and send the invoice to ESCO for reimbursement.

Contacting ESCO

To contact an ESCO customer service representative regarding a claim please use the numbers listed below:

ESCO Customer Service800-992-3726

ESCO Toll Free Claim FAX.....800-894-6056