

Amplifon Hearing Health Care, Corp.

Provider Portal Guide

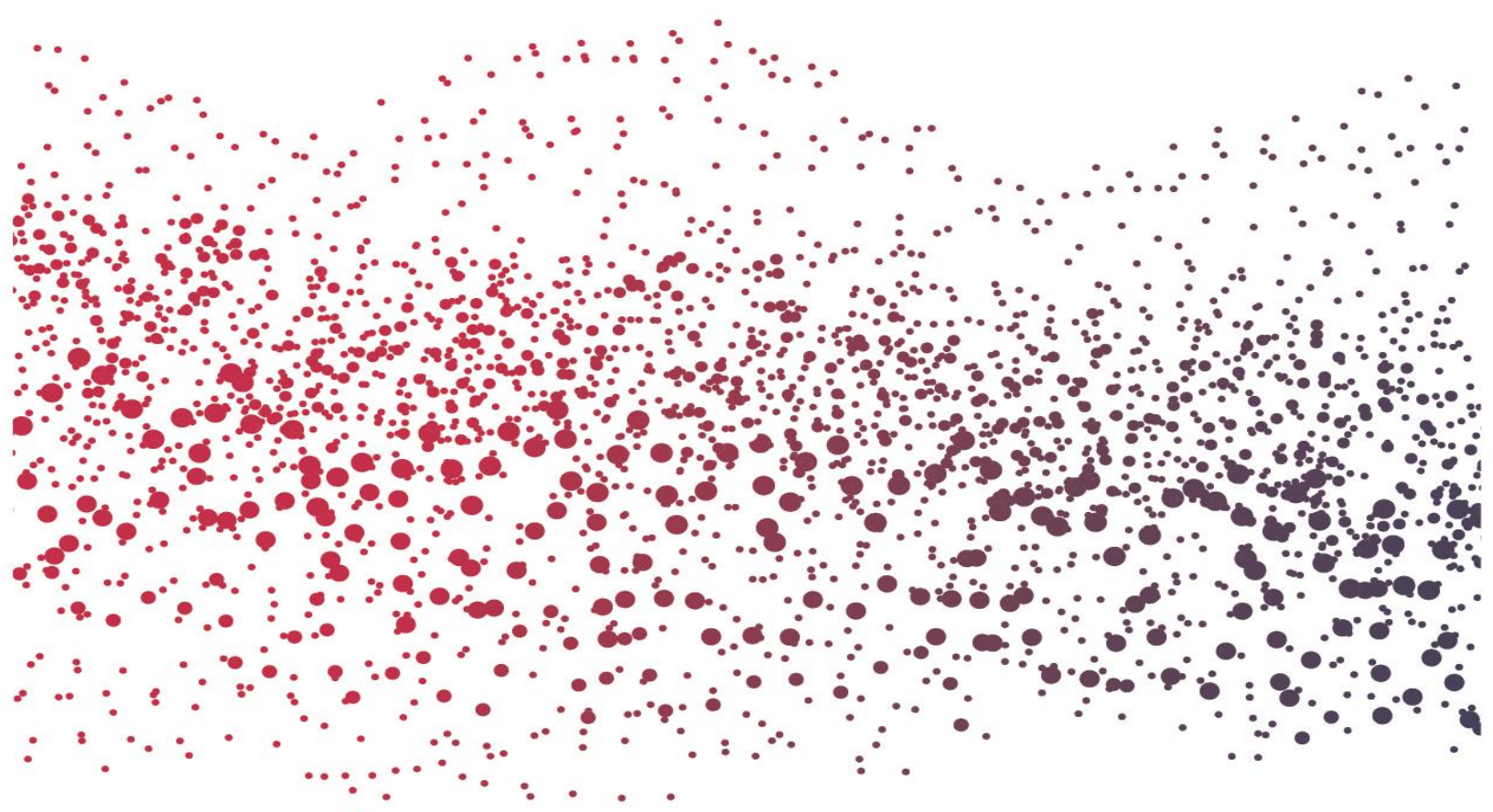


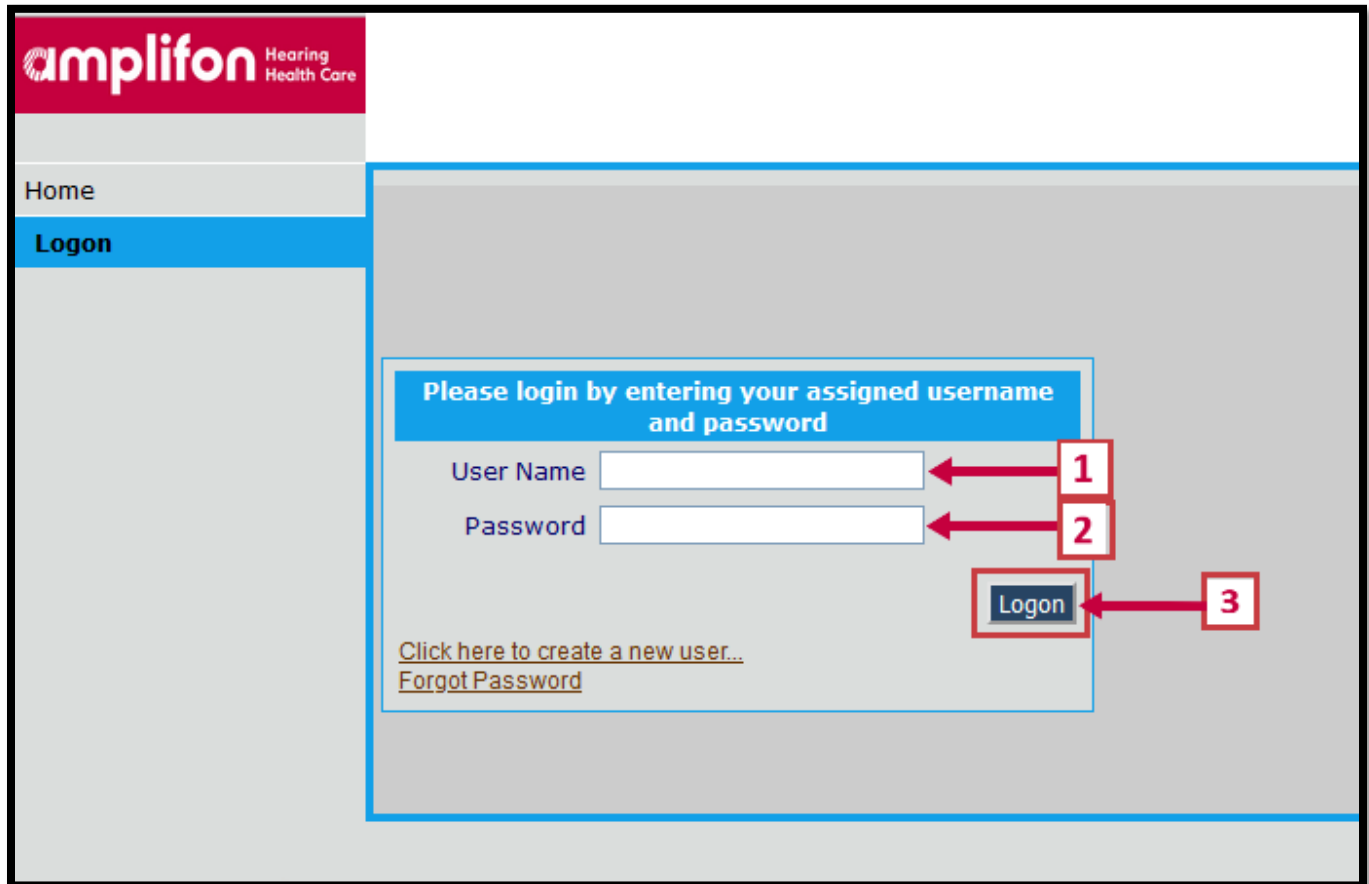
TABLE OF CONTENTS

New Portal Login / Overview	3
Adding a Clinic Self-Referral	6
Adding/Updating Appointment Information	9
Ordering Hearing Aids	12
Making a Payment	16
Receipt of Delivery	18
Return or Exchange	23
Video Instruction	25

NEW PORTAL LOGIN / OVERVIEW

[**Video Instruction Linked Here**](#)

1. Go to the Amplifon Hearing Health Care Provider Portal:
www.myamplifonproviderportal.com and enter your Username (1) and Password (2) followed by clicking Logon (3).



amplifon Hearing Health Care

Home

Logon

Please login by entering your assigned username and password

User Name

Password

Logon

[Click here to create a new user...](#)

[Forgot Password](#)

- Once you are logged in, you will first view the **Statistics Dashboard**. This dashboard will show you the status of any existing referrals for either your office, yourself, or both.

The screenshot shows the Amplifon provider portal interface. At the top, a navigation bar displays the user's current location: "Viewing : Provider - TEST PROVIDER (DO NOT USE), (999999999) - NPI: 9999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)". A callout box points to this information, stating: "The information listed at the top of the screen will indicate who is currently logged into the provider portal."

Below the navigation bar is a sidebar menu with options like "Provider Referrals", "My Authorizations", and "Statistics". The "Statistics" section is active, showing a "Please Select Location to View Specific Details" dropdown menu set to "All Offices". A callout box explains: "If your login access allows you to view multiple offices, you can filter through each office within the dropdown to view location specific statistics."

The main content area is divided into two sections: "Office Statistics" and "Provider Statistics".

Office Statistics: This section highlights referral activity for the entire office location. It includes four metrics:

- Awaiting Benefit Verification: 0
- Amplifon Referrals Awaiting Appointments: 2
- Appointments Awaiting Testing: 2
- Orders Completed: 37

Provider Statistics: This section highlights referral activity for the specific provider currently logged in. It includes five metrics:

- Awaiting Benefit Verification: 0
- Appointments Awaiting Testing: 2
- Orders Submitted: 0
- Orders Awaiting Fitting: 2
- Orders Completed: 34

Callout boxes explain the focus of each section: "Office Statistics will highlight referral activity within the entire office location." and "Provider Statistics will highlight referral activity for the specific provider who is currently logged into the portal."

3. You also have the ability to change your password. On your left-hand tool bar, click on the **Manage Users** tab to edit an existing password, email, or name.

The screenshot shows the Amplifon Provider Portal interface. On the left-hand side, there is a vertical navigation menu with the following items: Providers, Statistics, Provider Referrals, My Authorizations, Submit Authorization, My Checks, Check Eligibility, Enroll Subscriber, Check Multiple Eligibilities, My Offices, My Profile, My Preferences, Other Providers, Talk To Us, Attachments, **Manage Users** (highlighted in blue), and Resources. A red arrow labeled '1' points to the 'Manage Users' tab.

The main content area displays the following information:

Viewing : Provider - [TEST PROVIDER \(DO NOT USE\)](#), (999999999) - NPI: 9999999999 - Office -

User Name	First Name	Last Name	Change Password
Edit TestProviderPRD	Test	TEST PROVIDER (DO NOT USE)	Edit

A red arrow labeled '2' points to the 'Edit' hyperlink in the 'Change Password' column of the table.

To reset your password - navigate to the "Manage Users" tab on the left hand side of your screen (1). In this screen you will be able to change your password by selecting the blue Edit hyperlink (2).

ADDING A CLINIC SELF-REFERRAL

1. To add a Clinic Self-Referral into the system, you can first check the referrals eligibility to see if they are already in the Amplifon system. This will allow you to simply just add them to your dashboard. To check a referrals eligibility, navigate to the **Check Eligibility** tab and enter in the referral first name, last name and either date of birth or health plan number and search.

Viewing : Provider - TEST PROVIDER (DO NOT USE) (999999999) - NPI: 9999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (9999999999)

Please enter the members Last Name and First Name(as it appears on the members health plan ID card,if applicable)
and either the members DOB or Amplifon Member # or Health Plan Member # to perform the search

PLEASE NOTE: If the member is part of a Cigna plan, please enter the clinic self-referral in the existing Amplifon Lite (Cycle) provider portal.
 We will let you know when Cigna is moved to this new system.

Member Coverage Lookup (enter the following search criteria)

Last Name: First Name:
 DOB: Amplifon Member #: Health Plan Member #:

To enter in a Clinic Self Referral, start by navigating to the "Check Eligibility" (1) tab to search our system for the member. To search for a member you must have the members Last Name (2), First Name (3), and DOB/Health Plan Number (4). If the member has been in our system, they will pop up once you click search. If the member is not in our system, please follow the next step in this guide to learn how to add them manually.

Preferred Language: [English - United States](#)

- If the referral/member does not pop-up when checking eligibility, then you can enroll the member in manually by clicking on the **Enroll Subscriber** tab. All highlighted fields are required to submit the Clinic Self-Referral.

Submit Clinic Self-Referral

Employer Name: []

Member Policy #: [] Member Plan Coverage: [] **Find**

Last Name: [] First Name: [] Middle Name: [] Prefix: [] Suffix: [] Gender: []

Date of Birth: [] Ethnicity: [Not Provided] Primary Language: [English]

Address 1: [] Home Phone: [] Cell Phone: []

Address 2: [] Work Phone: [] Email: []

City: [] State: [] Zip: [] County: [] Country: [United States]

MBI: []

Is Member above a:

Subscriber? Dependent?

Additional Benefit Verification is Needed for the Member

Office: []

Submit Clinic Self-Referral

If the member you are wanting to refer does not show up when checking eligibility, you can enroll the member manually under the "Enroll Subscriber" (1) screen. You will need to enter in all member information including first/last name, Insurance policy number, address, phone number, and DOB. Once all information has been entered, please continue by submitting the Clinic Self-Referral (2).

Please note: When a Clinic Self-Referral is submitted through the Enroll Subscriber tab, additional benefit verification will be done by the Amplifon Client Services team. Please allow the additional benefit verification to be completed prior to ordering hearing aids.

- Once a referral has been submitted, they will now be under your Referrals tab and counted in your Statistics Dashboard. To search for different members within your referrals list, you can filter by different referral steps. Under the Referral Step drop-down there are 13 steps to choose from. If it is a new referral, you will most likely find them under the Awaiting Evaluation Appointment option.

To narrow down the list of referrals, you can search for referrals by filtering down to the specific "Referral Step" (1). This will show you a shorter list of referrals, as well as allowing you the ability to search based on their current status in the referral process. After selecting the referral step you want to filter by, click search (2).

Referral Type	Member Number	Member Name	DOB	Plan	Customer Type	Date Of Referral	Referral Step
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	03/22/2022	Awaiting Evaluation Appointment
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/07/2022	Review ROD
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/05/2022	Review ROD
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/03/2022	Awaiting Hearing Device Order
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/03/2022	Awaiting Hearing Device Order
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/03/2021	Awaiting Fitting Information
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/01/2021	Review ROD

ADDING/UPDATING APPOINTMENT INFORMATION

[Video Instruction Linked Here**](#)**

1. The first step in the referral process is to Add/Update appointment information for the referral. Under the Action drop-down menu, select **Add/Update Appointment Information**.

Viewing : Provider - TEST PROVIDER (DO NOT USE), (999999999) - NPI: 999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)

To initially enter or find a clinic self-referral member, please click [here](#) to search for your member in our system. If you have any problems, please contact AHHC at 800-920-4327.

Search for Referrals

1 Step 2 Location Referral From Referral To Member Number Referral Status

2 Referral(s) found

Action	Referral #	Referral Type	Member Number	Member Name	DOB	Plan	Customer Type	Date Of Referral	Referral Step
<none>	FLO138317	AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	03/22/2022	Awaiting Evaluation Appointment
<none>		AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/07/2022	Review ROD
2 Add/Update Appointment Information		AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/05/2022	Review ROD
<none>		AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/03/2022	Awaiting Hearing Device Order
<none>		AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/03/2022	Awaiting Hearing Device Order
<none>		AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/03/2021	Awaiting Fitting Information
<none>		AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
<none>	FLO51906	AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
<none>	FLO51892	AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
<none>	FLO51441	AHHC Referral	000388409095	OLMAN TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/01/2021	Review ROD

10 of 21 Items

1 2 3

To start the referral process, navigate to the "Action" (1) dropdown next to the correct members name/referral number and select the Add/Update Appointment Information (2) then continue to the next screen by clicking on the green Go button (3).

2. To add in appointment details, click on the blue Add Appointment button.

Viewing : Provider - TEST PROVIDER (DO NOT USE), (999999999) - NPI: 999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)

Member Information

Referral#	Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
FLO138317	000388409095	388400000000	OLMAN	TEST	11/11/1949	TEST GROUP (DO NOT USE)	01/01/2020	12/31/9999

Appointment

1 Add Appointment

Return To Referral

Enter Test Results

To add an appointment in for the member, click the blue "Add Appointment" (1) button to navigate to the next screen.

3. Enter in all required details of the members appointment. Once all of the fields are completed, click Save.

To enter in a member appointment, complete all fields marked with an * before saving the appointment into the system. Once all fields have been completed, click Save (1).

Note: 1. All fields marked as * are mandatory.
 2. After Care Reason dropdown is available only for After Care appointments.
 3. If you are using Safari browser, please enter date in YYYY-MM-DD format.

Preferred Language: [English - United States](#)

4. Once an appointment is entered and saved for the member, you are now able to enter in the test results of that appointment. Click the blue **Enter Test Results** button.

Once the appointment information has been saved, it will show up on the original appointment screen (1). Now that the appointment has been completed you are now able to enter in the test results by clicking on the blue "Enter Test Results" (2) button.

- Enter all required test outcome fields marked with *. If the member does not require amplification, you can select the No Sale box and select a No Sale Reason. If the member does require amplification, you can continue to Save & Submit.

amplifon Hearing Health Care

Providers
 Statistics
 Provider Referrals
 My Authorizations
 Submit Authorization
 My Checks
 Check Eligibility
 Enroll Subscriber
 Check Multiple Eligibilities
 My Offices
 My Profile
 My Preferences
 Other Providers
 Talk To Us
 Attachments
 Manage Users
 Resources
 My Checks
 Logoff

Viewing : Provider - TEST PROVIDER (DO NOT USE), (999999999) - NPI: 999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)

Member Information								
Referral#	Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
FL0138317	000388409095	388400000000	OLMAN	TEST	11/11/1949	TEST GROUP (DO NOT USE)	01/01/2020	12/31/9999

Test Outcome

Please Note: 1. Test date needs to be equal to or before the Evaluation Appointment date.
 2. If you are using Safari browser, please enter date in YYYY-MM-DD format.

*Test Date: 03 / 22 / 2022

*Left Ear Loss Level: Level 4 Moderate (41 to 55 db)

*Right Ear Loss Level: Level 4 Moderate (41 to 55 db)

*Loss Type: Sensorineural

*Primary Diagnosis: H90.3-SENSORINEURAL HEAR LOSS BILATERAL

Secondary Diagnosis:

Notes:

Medical Referral Needed: Check here if Medical Referral is required or No Sale Reason is Medical Denial

No Sale: (Callout 2)

No Sale Reason: (Callout 3)

Upload Audiogram and Chart Notes as needed.
 Please Note: File under 3 MB are allowed in one of the following formats:
 Pdf, tiff, gif, jpg, txt, doc or docx, xls or xlsx, csv

Browse... No file selected. Upload (Callout 1)

Return To Referral (Callout 4) Save & Submit

Preferred Language: English - United States

- Benefits will be listed by Accessories, Evaluations and Exams, and Hearing Aid Devices. Please note that every member will have different benefits and to always check benefits prior to estimating member cost.

Viewing : Provider - TEST PROVIDER (DO NOT USE),(999999999) - NPI: 9999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)

Close

UPMC Benefit Plan	
UPMC Benefit Plan	IN NETWORK
Hearing Services	
Accessories	
Accessories - Both Ears	\$3600 Total Plan Maximum 0% Coinsurance
Evaluations and Exams	
Evals and Exams	\$3600 Total Plan Maximum 0% Coinsurance
Hearing Aid Devices	
Hearing Aid Device - Both Ears	\$3600 Total Plan Maximum 0% Coinsurance \$1800 per ear every 3 years - Both Ears
Hearing Aid Device - Left Ear	\$3600 Total Plan Maximum 0% Coinsurance \$1800 per ear every 3 years - Left Ear
Hearing Aid Device - Right Ear	\$3600 Total Plan Maximum 0% Coinsurance \$1800 per ear every 3 years - Right Ear

The members benefits will be listed in three categories:

- 1 - Accessories
- 2 - Evaluations and Exams
- 3 - Hearing Aid Devices

- Once benefits have been checked, you can proceed to search for and add hearing aids into the cart. When looking at the hearing aids, you will see a member cost *estimate* for one hearing aid and if the member were to get two. Once the member has decided on a hearing aid, you can add the product to the cart and decide the quantity. Continue to the next screen by clicking **Continue & Review Order**.

When searching for hearing aids/accessories, you can search by Product Type, Manufacturer, Style, Technology Tier, and Features. The hearing aids that show up are within the members insurance formulary. Depending on the members benefit and whether they are discounted or funded, each hearing aid will show the Member *Estimated* Price Out of Pocket when purchasing one hearing aid versus two hearing aids (1). To purchase a hearing aid, click "Add to Cart" (2) next to the preferred product description/ID. Once the product has been added to the cart, select the quantity (3) and proceed to "Continue & Review Order" (4) to move to the next step.

Product ID	Product Description	Tier	Member Est Price for purchase of 1	Member Est Price for purchase of 2
11520380	LINX QUATTRO 7-R RIC BTE	SIGNATURE	1795.00	3590.00
11520381	LINX QUATTRO 9-R RIC BTE	PREMIER	2195.00	4390.00
11520382	LINX QUATTRO 9 RIC BTE	PREMIER	2195.00	4390.00
11520401	LINVO AI 2400 312 RIC BTE	PREMIER	2645.00	5290.00
11520402	LINVO AI 2400 312 RIC AP	PREMIER	2645.00	5290.00
11520592	AUDEO M90-R RIC BTE	PREMIER	2645.00	5290.00
11520593	AUDEO M90-312 RIC BTE	PREMIER	2645.00	5290.00
11520596	AUDEO M30-R RIC BTE	PLUS	1495.00	2990.00
11520597	AUDEO M30-312 RIC BTE	PLUS	1495.00	2990.00
11521002	LINVO AI 2400 MICRO RIC	PREMIER	2645.00	5290.00

- Before the order can be finalized, you are required to go over the members estimated cost with them. Once you have reviewed this with the member you can check the box to continue to enter in the details of the order.

After the order has been added, you are required to discuss the *estimated* out of pocket cost with the member. To confirm this has been done, check the box shown below (1). After checking the box, you can continue to enter in the hearing aid order details.

Referral#	Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
FL0138317	000388409095	388400000000	OLMAN	TEST	11/11/1949	TEST GROUP (DO NOT USE)	01/01/2020	12/31/9999

Estimated Costs

Disclaimer: Please note: The costs shown below are an estimation of costs for both the member and member insurance. The final cost of the purchase may be adjusted once the claim is processed by the member's insurance company. The member does have a 60-day risk-free trial once their hearing aids are received.

Quantity	Item	Description
1	Hearing Aids	LINX QUATTRO 7-R RIC BTE
1	Hearing Aids	LINX QUATTRO 7-R RIC BTE

Insurance Pays: \$0.00
Member Pays: \$3590.00

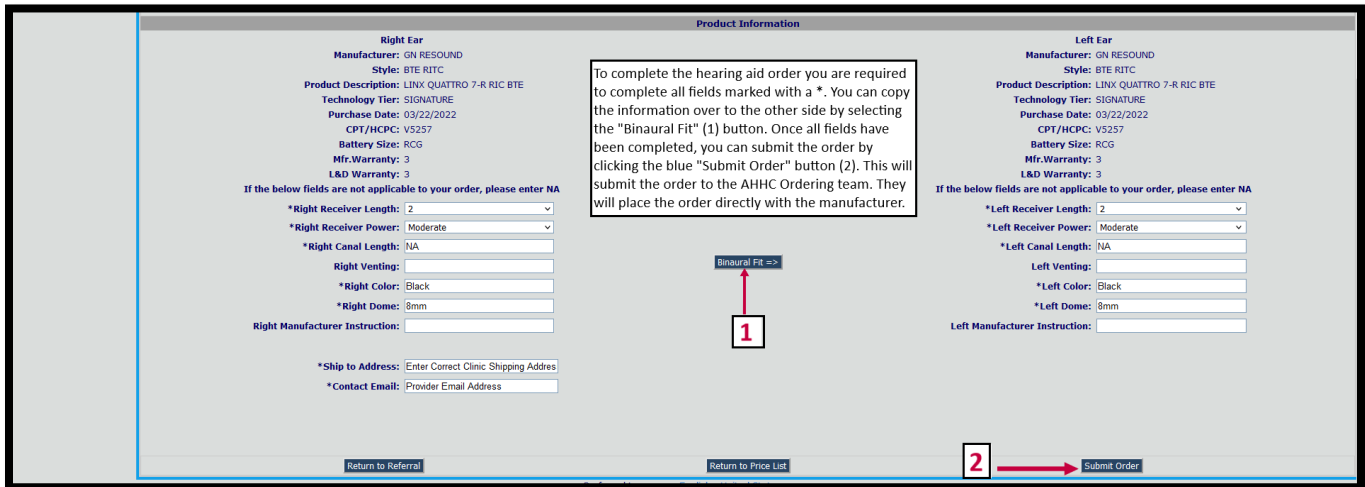
I confirm that I have discussed this estimation with the member and the member was provided a copy of this estimate

Thinking about Purchase: No Sale: No Sale Reason:

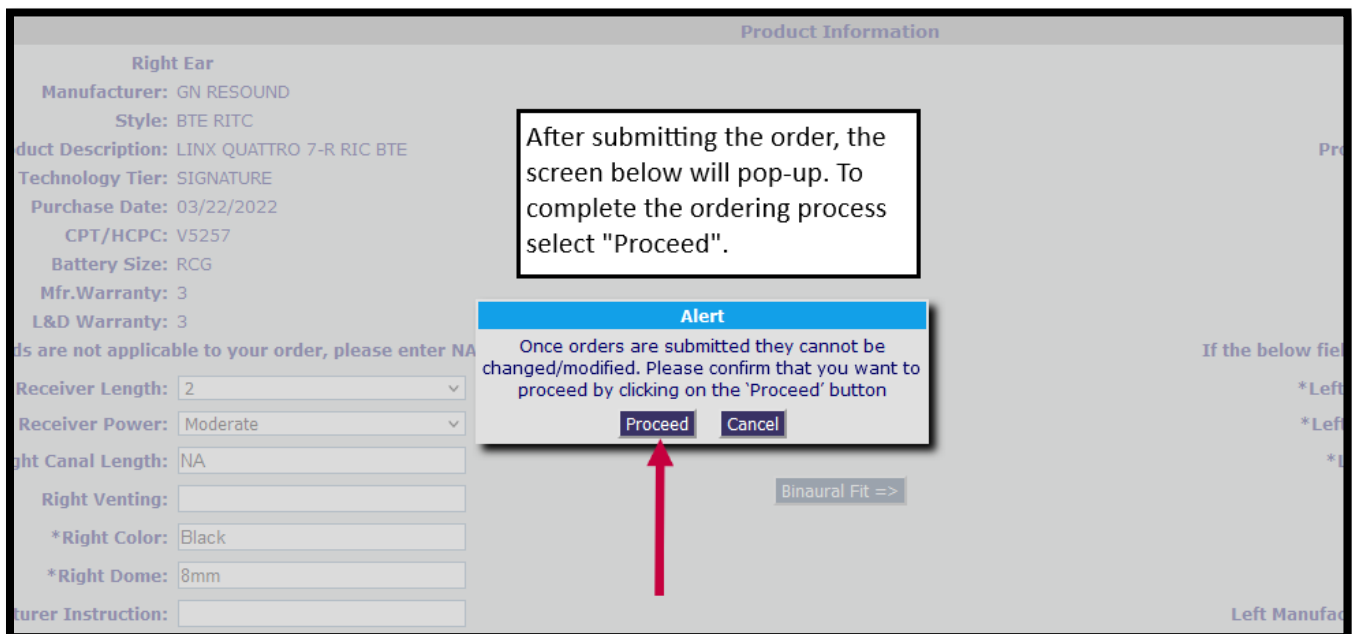
Note: After Selecting Thinking About Purchase/No-Sale, Click On Save Button

Provider Full Name:
Degree:
License Number:

- To ensure the order is placed correctly, please enter in all order details pertaining to the specific hearing aids. This may include but is not limited to color, receiver size & strength, domes, etc. To copy all information over binaurally, you can click the **Binaural Fit** button and it will copy to the other ear. To save the order, click **Submit Order**.



- Once the order has been submitted, you will get a pop-up. To proceed with the order and ensure it is ordered by the AHHC ordering team, click **Proceed**.



MAKING A PAYMENT

- Once the order has been submitted, the member is **required** to pay their portion of the cost before Amplifon places the order. **PLEASE NOTE:** If the member payment is not submitted at the time of hearing aid order, the order will not be placed with the manufacturer. Member payment is required before Amplifon places the hearing aid order. To make the payment, click on the **Make Payment** button at the bottom right-hand side of the screen.

The screenshot displays the Amplifon member portal interface. A central text box states: "The next step is to make the patient payment. To continue to the next step click the 'Make Payment' button at the bottom of your screen (1)." Below this, the "Insurance Pays" section shows a total due of \$3590.00. At the bottom right, a red box with the number "1" and a downward-pointing arrow highlights the "Make Payment" button.

Referral#	Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
FLO138317	000388409095	388400000000	OLMAN	TEST	11/11/1949	TEST GROUP (DO NOT USE)	01/01/2020	12/31/9999

Quantity	Item
1	Hearing Aids
1	Hearing Aids

Category	Amount
Insurance Pays:	\$ 0.00
Member Pays:	\$ 3590.00
Member Prior Payments:	\$ 0.00
Total Due:	\$ 3590.00
Member Payment Due:	\$ 3590.00

Print Order Information

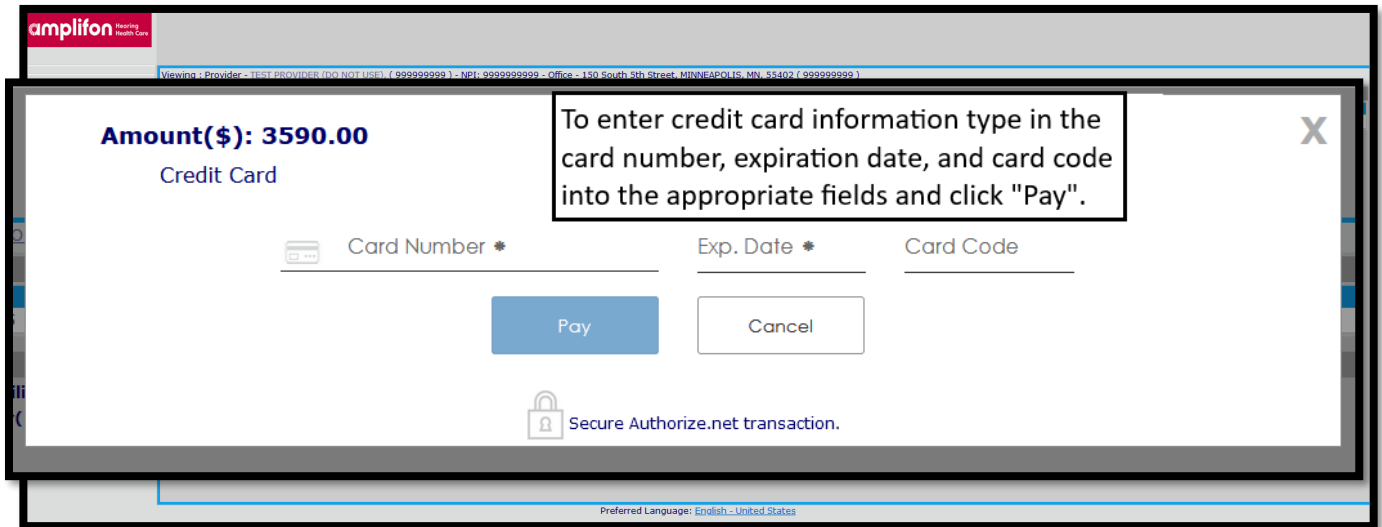
Provider Full Name:

Degree:

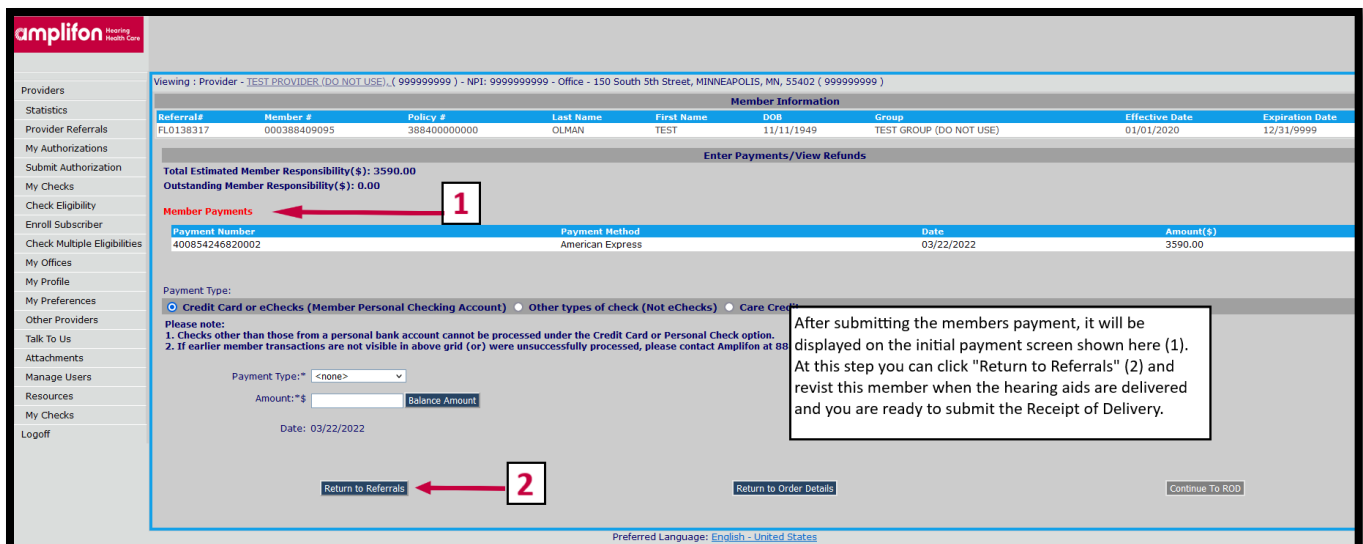
License Number:

[Return to Referral](#) [Make Payment](#)

- There are three ways a member can submit payment to Amplifon. This includes Credit Card, check/e-check, and Care Credit. Once a method of payment has been selected you can enter in the Balance Amount and click **Make Payment**.



- In this screenshot it is showing a credit card payment option. Enter in the members credit card information and click **Pay**.
- When the payment has been completed, you will see a payment confirmation on the original payment screen, as shown below. At this step in the process, you can click **Return to Referrals** at the bottom left-hand side of your screen. The AHHC ordering team will place the order directly with the manufacturer.



RECEIPT OF DELIVERY

[**Video Instruction linked here**](#)

1. Once the hearing aids have been delivered to the office and the member has returned for their hearing aid fitting, you will log back into your provider portal and locate the member on your referrals screen. In the Action drop-down, select **Upload Receipt of Delivery** and click the green Go button.

Once the hearing aids have been delivered to the office, the member is ready for their hearing aid fitting. To begin the fitting process, navigate to the Action dropdown (1) and select "Upload Receipt of Delivery" (2) and continue by clicking the green Go button (3).

Action	Referral #	Referral Type	Member Number	Member Name	DOB	Plan	Customer Type	Date of Referral	Referral Step
<none>	FL0138317	AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	03/22/2022	Awaiting Fitting Information
Add/Update Appointment Information		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/07/2022	Review ROD
View Price List/Order Device		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/05/2022	Review ROD
Add/Update Test Results		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/03/2022	Awaiting Hearing Device Order
Review Order Details/Make Payment		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/03/2021	Awaiting Fitting Information
Upload Receipt of Delivery		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
Continue to Return or Exchange		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
Create Additional Order		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD
View Related Documents		AHHC Referral	000388409095	OLMAN,TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/01/2021	Review ROD

- To generate the Receipt of Delivery, enter in all required information (*) and click **Pre-Save ROD Details**. This will save all of the information into the system if you are logged out.

To generate the Receipt of Delivery complete all fields marked with a *. Once all fields have been completed, click "Pre-Save ROD Details" (1). This will save all information prior to generating the Receipt of Delivery.

Member Information

Referral#	Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
FL0138317	000388409095	388400000000	OLMAN	TEST	11/11/1949	TEST GROUP (DO NOT USE)	01/01/2020	12/31/9999

Receipt Of Delivery

Please Note: 1. Complete all required fields and click Pre-Save ROD Details button prior to clicking the Generate ROD button.
2. If you are using Safari browser, please enter date in YYYY-MM-DD format.

*Right Serial Number: 1235456 *Left Serial Number: 86498484

*Dispense Date: 03/22/2022

*Office: 999999999 - TEST OFFICE (DO NOT USE) - MINNEAPOLIS *Provider: TEST PROVIDER (DO NOT USE)

Degree: License Number:

Return to Referrals Save & Submit ROD Pre-Save ROD Details Generate ROD

- When the information for the ROD is saved, you are now able to Generate the ROD. To do this, click on the blue **Generate ROD** button and the ROD will populate.

Viewing : Provider - TEST PROVIDER (DO NOT USE), (999999999) - NPI: 999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)

Referral#	Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
FL0138317	000388409095	388400000000	OLMAN	TEST	11/11/1949	TEST GROUP (DO NOT USE)	01/01/2020	12/31/9999

Receipt of Delivery

Please Note: 1. Complete all required fields and click Pre-Save ROD Details button prior to clicking the Generate ROD button.
2. If you are using Safari browser, please enter date in YYYY-MM-DD format.

*Right Serial Number: 1235456 *Left Serial Number: 86498484
 *Dispense Date: 03/22/2022

*Office: 999999999 - TEST OFFICE (DO NOT USE) - MINNEAPOLIS *Provider: TEST PROVIDER (DO NOT USE)
 Degree: License Number:

Generate ROD (1)

ATTENTION: For the final step in the ROD submission process: please scroll to the bottom of this page (below the ROD) to enter the member signatures and click the "Save & Submit" button to submit the ROD electronically to Amplifon. After the "Save & Submit" button is pressed, a fully completed version of the ROD (including signatures) can be printed for your records as well as a copy for the member.

A printed and signed version of the ROD no longer needs to be uploaded for submission to Amplifon to complete the sale; this electronic submission will suffice.

After Pre-Saving the ROD details, you will now be able to generate the ROD for signing. Click "Generate ROD" (1) to load the ROD. Once the Receipt of Delivery has been generated you will need to scroll to the bottom of the screen to have the member sign. This will be shown in the next step.

- After Generating the ROD, it is now ready to be signed by the member. For the member to sign, click on the blue **Enter Signature** button. If the member is unable to sign, click the member authorization box.

A printed and signed version of the ROD no longer needs to be uploaded for submission to Amplifon to complete the sale; this electronic submission will suffice.

To complete the Receipt of Delivery process within the Amplifon system. The member will be required to complete an electronic signature. To complete the signature click on the blue "Enter Signature" button (1). If the member is unable to electronically sign, please check and complete the member authorization box (2).

MEMBER AUTHORIZATION BOX: We understand that there may be restrictions in place at your office that prevent a member from electronically signing this document.

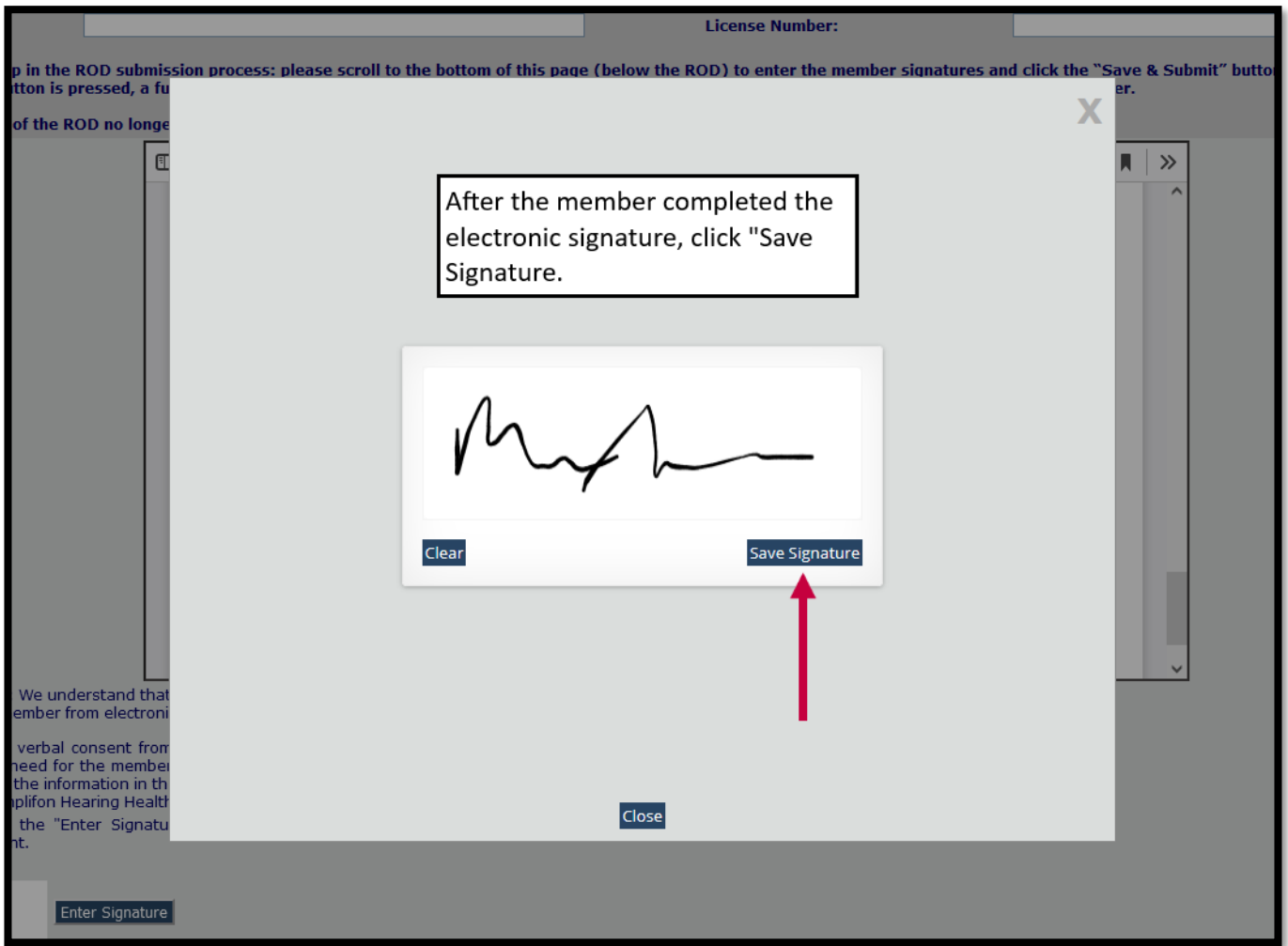
If this is the case, receive verbal consent from the member allowing you to check the "Member Authorization Box", which overrides the need for the member signature on this document. This consent is acknowledging the members understanding of the information in the Receipt of Delivery, receipt of the hearing aid(s), and consent to submit this document to Amplifon Hearing Health care.

If this is not the case, click the "Enter Signature" button and have the member electronically sign the document.

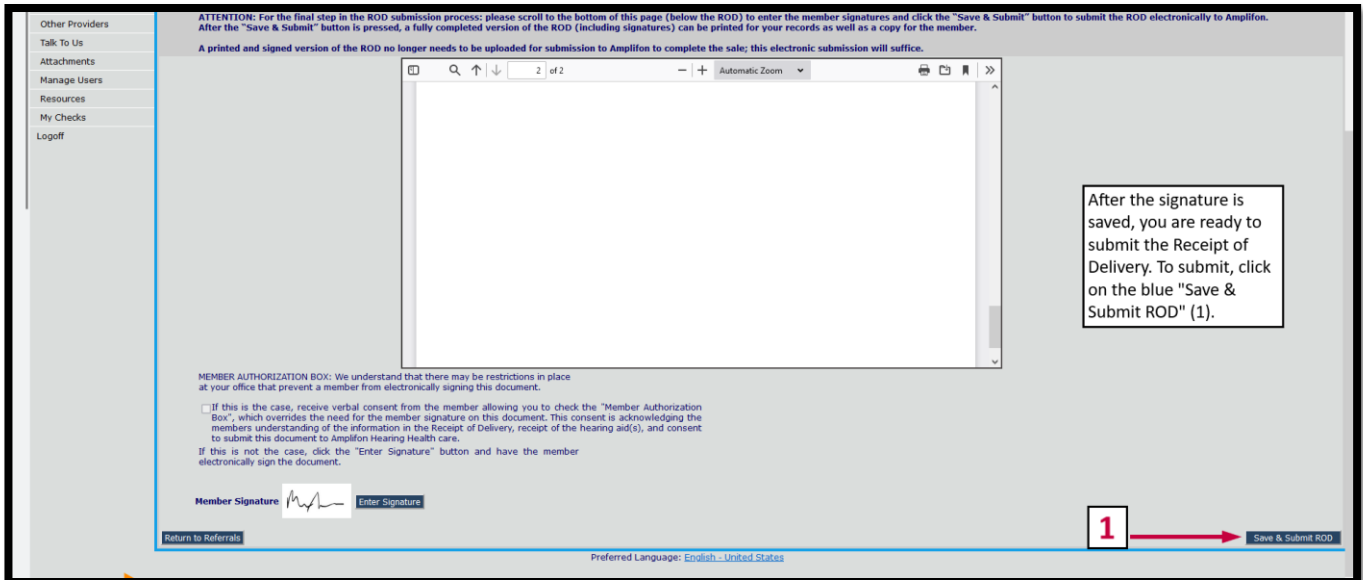
Member Signature: **Enter Signature** (1)

2 (points to Member Authorization Box)

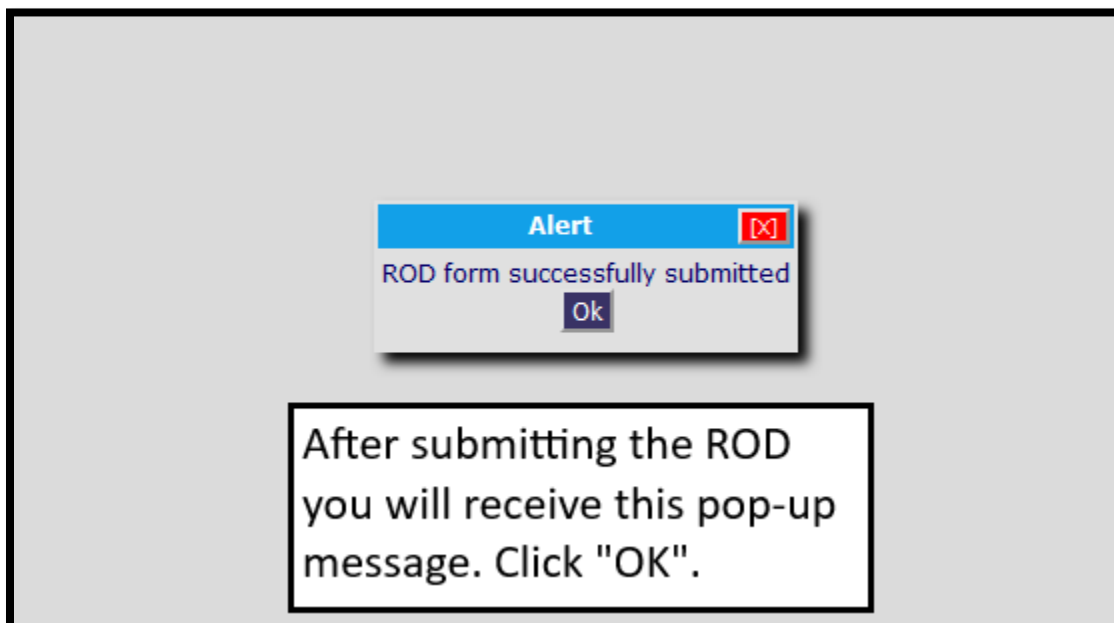
5. The member will sign electronically with the mouse. Once the signature is completed click **Save Signature**.



- When the signature has populated you are ready to save and submit the ROD. To complete the process, click the blue **Save & Submit ROD** button at the bottom right-hand side of your screen.

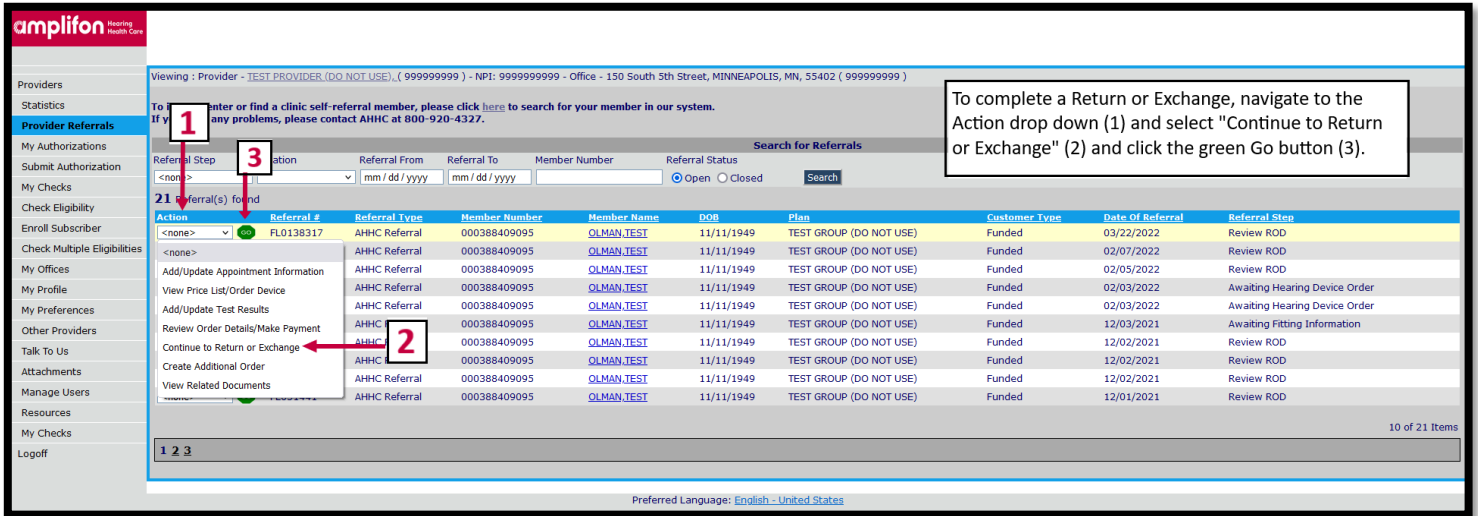


- When the ROD is submitted, you will receive this pop-up message notifying you it was successful. You can now return to the referrals.



RETURN OR EXCHANGE

1. Every member has 60 days to return and/or exchange their hearing aids. To start the return/exchange process find the member in your referrals tab and navigate to the action dropdown to select **Continue to Return or Exchange**.



Viewing : Provider - TEST PROVIDER (DO NOT USE), (999999999) - NPI: 999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)

To enter or find a clinic self-referral member, please click [here](#) to search for your member in our system. If you have any problems, please contact AHHC at 800-920-4327.

Search for Referrals

Referral Step: <none> Referral From: mm / dd / yyyy Referral To: mm / dd / yyyy Member Number: Referral Status: Open Closed Search

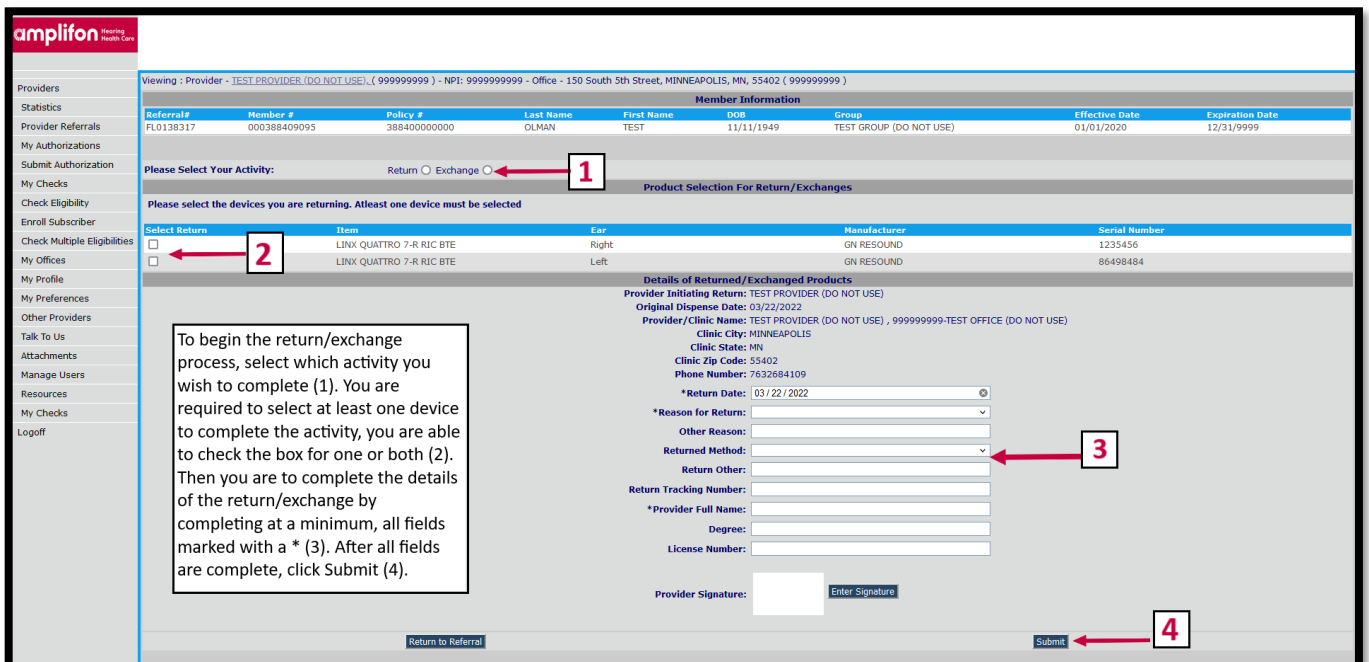
21 Referral(s) found

Action	Referral #	Referral Type	Member Number	Member Name	DOB	Plan	Customer Type	Date Of Referral	Referral Step
<none>	FL0138317	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	03/22/2022	Review ROD
Add/Update Appointment Information	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/07/2022	Review ROD	
View Price List/Order Device	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/03/2022	Awaiting Hearing Device Order	
Add/Update Test Results	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	02/03/2022	Awaiting Hearing Device Order	
Review Order Details/Make Payment	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/03/2021	Awaiting Fitting Information	
Continue to Return or Exchange	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD	
Create Additional Order	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD	
View Related Documents	AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/02/2021	Review ROD	
AHHC Referral	000388409095	OLMAN, TEST	11/11/1949	TEST GROUP (DO NOT USE)	Funded	12/01/2021	Review ROD		

10 of 21 Items

Preferred Language: English - United States

2. To begin the process, click the activity you want to proceed with, either return or exchange. You may then select the hearing aid you want to complete the activity for, whether it is one or both. To complete the return/exchange you will need to complete all fields marked with * to ensure it is processed correctly.



Viewing : Provider - TEST PROVIDER (DO NOT USE), (999999999) - NPI: 999999999 - Office - 150 South 5th Street, MINNEAPOLIS, MN, 55402 (999999999)

Member Information

Referral #	Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
FL0138317	000388409095	38840000000	OLMAN	TEST	11/11/1949	TEST GROUP (DO NOT USE)	01/01/2020	12/31/9999

Please Select Your Activity: Return Exchange

Please select the devices you are returning. At least one device must be selected

Select Return	Item	Ear	Manufacturer	Serial Number
<input type="checkbox"/>	LINK QUATTRO 7-R RIC BTE	Right	GN RESOUND	1235456
<input type="checkbox"/>	LINK QUATTRO 7-R RIC BTE	Left	GN RESOUND	86498484

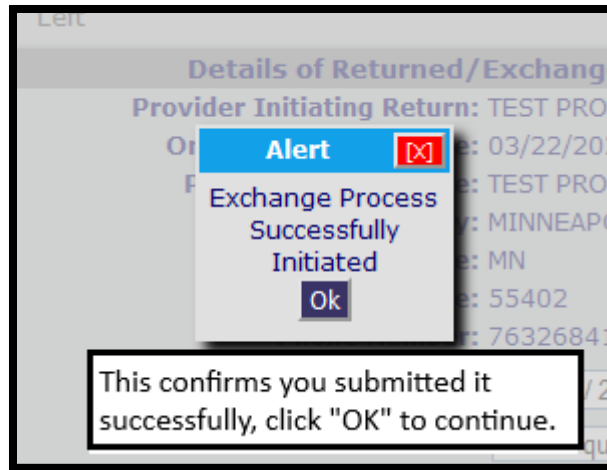
Details of Returned/Exchanged Products

Provider Billing Return: TEST PROVIDER (DO NOT USE)
 Original Dispense Date: 03/22/2022
 Provider/Clinic Name: TEST PROVIDER (DO NOT USE), 999999999-TEST OFFICE (DO NOT USE)
 Clinic City: MINNEAPOLIS
 Clinic State: MN
 Clinic Zip Code: 55402
 Phone Number: 7632684109

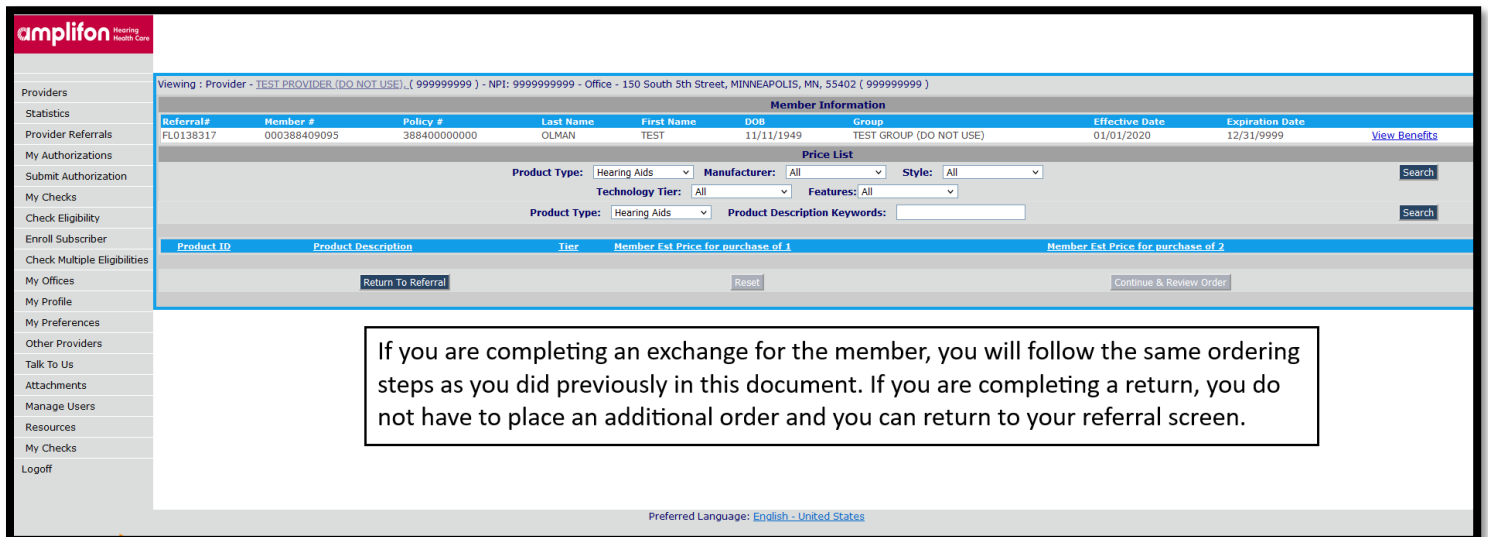
* Return Date: 03 / 22 / 2022
 * Reason for Return:
 Other Reason:
 Returned Method:
 Return Other:
 Return Tracking Number:
 * Provider Full Name:
 Degree:
 License Number:
 Provider Signature:
 Enter Signature

Return to Referral Submit

- After submitting the return/exchange you will receive the following pop-up letting you know it was successful.



- If you are processing an exchange, it will bring you to the pricelist to select new hearing aids. Please follow the same process for hearing aid ordering as previously.



VIDEO INSTRUCTION

1. [Overview](#)
2. [Viewing Patient & Benefit Information](#)
3. [Adding/Updating Appointment Information](#)
4. [Adding/Updating Test Results](#)
5. [Viewing the Price List and Ordering Devices](#)
6. [Upload Receipt of Delivery \(ROD\)](#)