



Washington State Department of
Labor & Industries
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 Olympia WA 98504-4291

Phone: 800-848-0811 Fax: 360-902-6490

Hearing Aid Repair/Durable Medical Equipment Provider Hotline Service Authorization Request

Do not use this form if you need to purchase or replace a hearing aid. If you need to purchase or replace a hearing aid, please complete the [Hearing Services Worker Information](#) (F245-049-000) and refer to the [Medical Aid Rules and Fee Schedule](#) (MARFS) available on our website www.Lni.wa.gov.

Provider Information

Business Name _____

Contact Name _____

Phone number _____

Fax number _____

Worker Information

Worker name _____

Claim number _____

Authorization Request Information (billing codes)

Durable Medical Equipment

Hearing Aid Repair/Supply

Left Ear _____
 Hearing aid serial number

Right Ear _____
 Hearing aid serial number

Date of service _____

Estimated total cost: \$ _____

Billing codes

1. _____

3. _____

2. _____

4. _____

Description of problem:

Example: Receiver not working

Reason for repair:

Example: Normal wear and tear

Authorization Response – You will receive a response by fax.

Authorized

Duplicate Request

Referred

Missing Information

This is a self-insurance claim. Please contact: _____.

Remarks

Completed By _____

Date _____

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