



Date: _____

AUDIONET REQUEST FOR AUTHORIZATION NUMBER
Please complete Provider and Member Information Sections
Email to referrals@yourhearingnetwork.com

PROVIDER INFORMATION (Audiologist only, must be enrolled with YHN)

Audiologist First & Last Name: _____

IMPORTANT: Audiologist name above **MUST** be the provider rendering services.

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Email: _____

MEMBER INFORMATION

Select Plan Name: _____ Member ID # _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Geisinger Gold MA | <input type="checkbox"/> Lighthouse MMA | <input type="checkbox"/> National Elevator |
| <input type="checkbox"/> Geisinger DSNP | <input type="checkbox"/> Macomb County | <input type="checkbox"/> SD Rehab |
| <input type="checkbox"/> BCBS MI | <input type="checkbox"/> Mass Rehab | <input type="checkbox"/> UAW - GM |
| <input type="checkbox"/> Charter Township | <input type="checkbox"/> McKinley Properties | <input type="checkbox"/> UAW - Chrysler |
| <input type="checkbox"/> Chicago Tile | <input type="checkbox"/> Michigan Complete | <input type="checkbox"/> Vidada MMA |
| <input type="checkbox"/> Great Lakes Fishery | <input type="checkbox"/> Miami Children's | Other: _____ |

Exam Appointment Date _____ Time: _____

Member Last Name: _____ First Name: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Member Phone: _____ Member DOB: ____/____/____

THIS SECTION COMPLETED BY YHN ONLY

Authorization #: _____ Authorization Expiration Date: _____

Date Obtained: _____ YHN Case Manager: _____

Send completed form to: membersupport@yourhearingnetwork.com

PROVIDER INSTRUCTIONS:

Prior authorization for services is required. Email this form at least 72 hours in advance of the appointment. YHN will obtain the authorization number and send you an appointment confirmation. At the time of the member appointment, click on the payment link included in the appointment confirmation. Enter the services completed for the member. Collect member copay as indicated and enter into the payment portal (check or credit card). If financing is required, please follow the instructions included with your appointment instructions. Requests received after 4PM EST will be stamped the next business day. Payment terms and conditions are subject to plan design and requirements.