
LET US KNOW ABOUT YOUR APPEALS PROCESS-

We will send you a \$10 King Soopers Gift Card

Hear the Facts: We need Legislation for Hearing Aid Coverage for Children in Colorado.

Help us as we support legislation to require insurance companies doing business in the State of Colorado to provide coverage for hearing aids for children by providing us with information about your insurance appeal. Some private insurance companies do not cover cochlear implants either. This information will be used to provide statistics about insurance coverage for children with a hearing loss. Collected data will be summarized, and individual names will not be used.

Name: _____

Address: _____

Phone/email: _____

Name of Insurance Company _____

1. Initial request refused: Hearing Aids Therapy Cochlear Implant
2. Reason initial coverage refused: not a covered benefit other, please explain

Concerning the Appeals Process:

3. What is the year you began your appeals process? _____
4. How long from start to finish did the Appeals Process take? _____
5. Were you successful at the 1st level of appeal? yes no
6. If no, did you go on to the 2nd level of appeal? yes no Explain the reason:

7. Were you successful at the 2nd level of appeal? yes no
8. If you were unable to obtain coverage for services/hearing aids, how did you ultimately pay for hearing aids? If several choices helped cover the cost, include approximate percentages.

Personal Savings

Credit card/ Loans

Help/loans from family members

Community Service Organizations List: _____

We did not purchase hearing aids

Other: _____
