



Contract Referral Form

HearPO negotiates contracts with many types of organizations including HMO's, PPO's, Unions, Employers, Insurance Companies, and Medical Groups. Please fill out this form completely when you identify a contract referral source. For West Coast referrals, please e-mail or fax completed forms to Gary Hooten at gary.hooten@sonus.com , 503-466-0443-fax. East Coast referrals should be e-mailed or faxed to Scott Barber at scott.barber@sonus.com , 770-518-8167-fax.

Date of referral: _____

Clinic Location (City & State): _____

Provider: _____

Provider Phone/Fax/E-Mail: _____

Name of organization: _____

Type: HMO ___ PPO ___ Employer ___ Union ___ Other _____

Contact Name: _____

Contact Phone: _____

Contact Address: _____

Additional Information: _____

States Covered: _____

Area Covered: _____

Type of benefits: Diagnostics? _____ Hearing Aids? _____

How important is this contract to your clinic? Very important ___ Neutral ___ Not sure ___

How did you hear about this organization? _____

HearPO Use Only

Date Received: _____