

SAMPLE LETTER TO CLAIMANT:

Date:

Claimant Name:

Claimant Address:

Date of Injury:

Claim Number:

Dear \_\_\_\_\_ :

We have received an Order and Notice from the State which approves your claim for hearing loss related to your employment and provides hearing aids(s) and related services. Your employer has chosen to work with HearPO and their network of hearing care professionals to provide these aids and services to you.

HearPO will be contacting you within the next 5 days to advise you of the clinic locations nearest you. Hearing care professionals who are not affiliated with the HearPO Network are not authorized to provide aids or services to you for this claim. Once you have chosen a hearing care professional, HearPO will send you a prior authorization form, along with that clinic's contact information. You may contact the clinic directly to schedule an appointment. The authorization form should be given to the audiologist at the time of your appointment.

In addition to providing hearing instruments, our contract with HearPO also includes maintenance, repairs and batteries. We encourage you to take advantage of all services provided. HearPO surveys patients to ensure quality care, products and patient satisfaction.

Should you have any questions or concerns regarding HearPO or the benefits available to you under your workers' compensation claim, please feel free to call us at 1-888-HEARING.

Respectfully,

Name:

Claims Officer

Phone: