

641—3.19(83GA, HF811) Application procedures.

3.19(1) A child, or the parent or guardian of a child, desiring hearing aids or audiologic services may apply to the contractor.

3.19(2) The following information shall be provided to the contractor by the applicant to be considered for eligibility under this program:

- a.* Patient's first name, middle initial and last name.
- b.* Patient's date of birth.
- c.* Patient's address, including city, state and ZIP code.
- d.* Parent/guardian's first name, middle initial and last name.
- e.* Parent/guardian's telephone number.
- f.* Parent/guardian's email address.
- g.* Parent/guardian's or child's medical insurance plan coverage.
- h.* Hearing aid/audiologic service provider name and telephone number.
- i.* Whether the request is for hearing aids or audiologic services or both.
- j.* Estimated service costs.

3.19(3) Applicants will be enrolled in the program on a first-come, first-served basis upon the date the application is received by the contractor.

3.19(4) The contractor will provide written notification to the applicant regarding determination of eligibility or noneligibility and the applicant's right to appeal a denial. For those applicants deemed eligible, an enrollee number will be assigned by the contractor.

3.19(5) An applicant must submit a renewal application form on an annual basis, accompanied by all information requested by the department.

[ARC 8232B, IAB 10/7/09, effective 11/11/09; ARC 2290C, IAB 12/9/15, effective 1/13/16]