



## **HEAR NOW PROGRAM**

A Division of the Starkey Hearing Foundation  
6700 Washington Avenue South  
Eden Prairie, MN 55344  
1-800-648-4327 -- FAX: 952-947-4997  
[www.starkeyhearingfoundation.org](http://www.starkeyhearingfoundation.org)

### **BECOME A HEAR NOW PROVIDER**

HEAR NOW, the US program of the Starkey Hearing Foundation, is a national non-profit program committed to assisting deaf and hard of hearing persons with limited financial resources. The purpose of the Hearing Aid Program is to provide hearing health care professionals with hearing aids for their low-income clients. The success of HEAR NOW is dependent upon the commitment of hearing health care professionals who are willing to work in partnership with HEAR NOW to help their clients in financial need. Professionals contributing their services to help their clients who qualify for HEAR NOW assistance are called "Associates." **Thank you for your interest in working with this program.**

**Together we are doing great things!**

### **WHY BECOME A PROVIDER?**

When an individual asks for financial assistance in purchasing hearing aids you first are faced with the problem of determining if there is in fact a true financial need. Second, you must decide on your course of action. Basically you have these alternatives:

- Turn the client away
- Refer the client to existing community funding sources if available
- Establish a payment plan that is feasible for the client
- Purchase the aid(s) with your own personal resources

By becoming an Associate, HEAR NOW will help you to provide a needed community service. This will enhance your image in the community. HEAR NOW will determine if your client qualifies financially for assistance. HEAR NOW will supply the hearing aid(s). Associates receive a certificate of recognition, which can be displayed in their office. This certificate demonstrates to the community your commitment to helping those with limited financial resources.

### **HOW DOES THE HEAR NOW PROGRAM WORK?**

When a client reports to their hearing health care provider that they cannot afford the recommended hearing aid(s), a HEAR NOW application for hearing aid assistance is provided. The application may be obtained from the hearing health care provider, calling HEAR NOW or you may download an application on our website under the Programs/Hear Now tab.

The application consists of a financial section to be completed by the client and an audiological section to be completed by the hearing health care provider. HEAR NOW requests that the application, all documents, and the processing fee be sent to our office at the same time (in one envelope/package). The application is then reviewed for eligibility.

**The applicant's financial information is confirmed by the following:**

1. Proof of income (i.e. - copies of most recent tax return, social security benefits, pay stub, etc.)
2. Bank statements (checking, savings, investment accounts)
3. A credit check

-OVER-

**The hearing health care professional's qualifications will be verified by the following:**

Current licensure or registration to dispense hearing aids in states where required

1. A sound professional reputation with the state attorney general's office and the Better Business Bureau
2. Applicants receive notification by mail regarding their eligibility. For approved clients, the *hearing health care provider* receives written confirmation of approval and instructions regarding the ordering process.

HEAR NOW Associates who receive hearing aid(s) for their client agree to provide the hearing aid fitting and follow-up services without charge to the client. Follow-up service is requested for the first year the client has the aid. After that it is expected that the client pay the normal fees for repair and service. HEAR NOW does not ask Associates to waive any of their customary hearing evaluation/assessment fees.

Clients eligible for assistance are required to pay a non-refundable processing fee of \$100.00 per hearing aid. This minimum fee helps each person to receive the "Gift of Sound".

Cash funding for the hearing aid program is raised from the processing fees, individuals, private foundations, corporate donations, and from service clubs such as Sertoma and Lions who sponsor individuals in need in their communities. HEAR NOW does not receive government assistance.

## **HOW TO GET INVOLVED?**

- Complete the Associate's Application
- Encourage your colleagues to become "Associates"
- Distribute information about HEAR NOW's Hearing Aid Services, and the HEAR-O Recycling Project
- Become a HEAR-O recycling collection site
- Help raise funds to defray HEAR NOW's costs by identifying local/state funding resources

We look forward to receiving your completed application. If you have any questions do not hesitate to call Joanita Stelter at (1-800-328-8602 ext. 2358 *This is a number for Professional's use*).

## **As partners, we can make a difference and amplify our good will.**

- Once we receive your application we will send you out a provider pack, which includes the necessary order forms and information you will need.
- Attached is a copy of the application we send out to individuals interested in applying for our program or you can access our website at [www.starkeyhearingfoundation.org](http://www.starkeyhearingfoundation.org) and choose the tab labeled Hear Now Program.

**Thank you for helping us to make a difference!**



## APPLICATION TO BECOME A HEAR NOW ASSOCIATE

### PLEASE PRINT

Name of Practice: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City County State Zip

Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

I agree to become an Associate of HEAR NOW. As an Associate I will be able to refer clients to HEAR NOW.

### I understand and agree to the following:

1. I will not charge a hearing aid fitting fee to HEAR NOW approved client(s). This commitment lasts the first year or warranty offered by HEAR NOW. \*HEAR NOW does not ask Associates to waive any of their customary hearing evaluation/assessment fees.
2. I will provide follow up services during the warranty year. After the one-year warranty expires, any charges related to repairs/services will be the client's responsibility.
3. I will submit results of audiological testing and other information requested on the hearing health care provider form as needed to determine audiological eligibility, prognosis for improvement, and make/model of instrument(s) recommended for applicants.
4. I will follow state/federal guidelines relative to obtaining medical clearance/waiver prior to fitting HEAR NOW clients with hearing instrument(s).
5. I will submit aided audiological testing or a brief written statement following the fitting to verify client receipt of the instrument(s).
6. I will contact HEAR NOW regarding advertising and will only use the official HEAR NOW logo.

I attest to the fact that I am licensed/registered in my state to dispense hearing aids.

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date



Name: \_\_\_\_\_

STATE LICENSURE/REGISTRATION NUMBER: \_\_\_\_\_ YEAR ISSUED: \_\_\_\_\_

ASHA CERTIFICATION NUMBER: \_\_\_\_\_ YEAR ISSUED: \_\_\_\_\_

FELLOW STATUS IN AAA-CERTIFICATE NUMBER: \_\_\_\_\_ YEAR ISSUED: \_\_\_\_\_

INTERNATIONAL HEARING SOCIETY (IHS) MEMBERSHIP NUMBER: \_\_\_\_\_

YEAR ISSUED: \_\_\_\_\_

BOARD CERTIFIED HEARING INSTRUMENT SPECIALIST (BC-HIS) NUMBER: \_\_\_\_\_

YEAR ISSUED: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU ARE CURRENTLY SUPERVISED BY A PROFESSIONAL WITH ONE OF THE ABOVE AFFILIATIONS, PLEASE PROVIDE THEIR NAME, TYPE OF CERTIFICATION, AND THE CERTIFICATION/MEMBERSHIP NUMBER:

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information**

How many offices do you have? \_\_\_\_\_ How many clients do you serve in a year? \_\_\_\_\_

Would you be interested in becoming a HEAR-o recycling (collection) site? YES NO

Are you a member of a local civic organization? YES NO  
If yes, which organization(s)? \_\_\_\_\_

If yes, would you be interested in giving a HEAR NOW presentation? YES NO

Starkey Ship To Acct. # \_\_\_\_\_ Audibel Ship To Acct. # \_\_\_\_\_

*Hear Now is creating a referral list for easier access to Hear Now providers. The listing of providers will eventually be posted on the Foundation's web page. We invite you to include your practice in this listing. (Please check one of the following options)*

\_\_\_\_\_ **Yes, please include us in the provider referral listing.**

\_\_\_\_\_ **No, we decline the invitation at this time.**

**Thank you for applying to become a HEAR NOW Provider.**