

## Audiology & DME Benefit Maximum Verification

This form should be used to confirm whether the max HFS benefits have been used for Audiology or Durable Medical Equipment services prior to delivery to members. Please complete the below fields, the information provided by Aetna Better Health of Illinois is only current and accurate as of the date of receipt.

Please complete the below form and e-mail to [benefitLimitVerification@AETNA.com](mailto:benefitLimitVerification@AETNA.com).

Date of Request: \_\_\_\_\_

### MEMBER INFORMATION

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

Medicaid ID Number \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_

### PROVIDER INFORMATION

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

TIN (Required\*) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Audiology / DME Service Requested:

CPT / HCPCS code(s):	Expected Delivery Date:	Expected Number of Units:

\*The table below will be completed by the health plan

CPT / HCPCS code(s):	Prior Auth Required Y or N	HFS Max Limit:	HFS Max Days:	Date of Service:	Units Used:

\*NOTE: The above information is determined by claims received and adjusted.