

Provider Portal Quick Guide

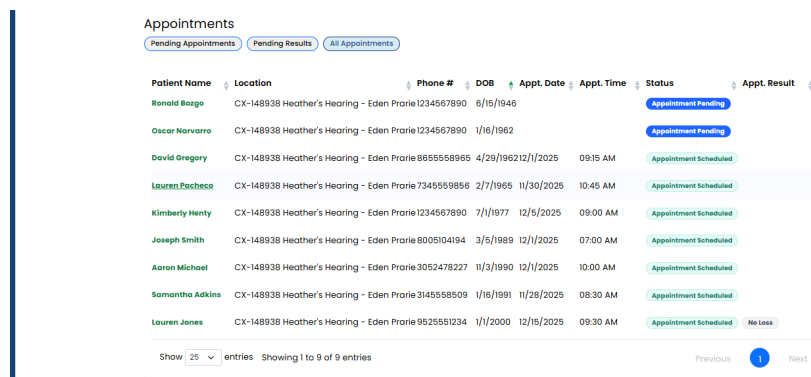
Orders

If the patient has been tested and wants to proceed with a purchase, follow these easy steps to place an order.

STEP 1: Login/Locate Patient Appointment

Log into the Start Hearing Provider Portal with the credentials provided by Start Hearing.

Click on the All Appointments Box located under **Appointments** on the home screen.



| Patient Name | Location | Phone # | DOB | Appt. Date | Appt. Time | Status | Appt. Result |
|-----------------|--|------------|-----------|------------|------------|-----------------------|--------------|
| Ronald Bozgo | CX-148938 Heather's Hearing - Eden Prairie | 1234567890 | 6/16/1946 | | | Appointment Pending | |
| Oscar Navarro | CX-148938 Heather's Hearing - Eden Prairie | 1234567890 | 1/16/1962 | | | Appointment Pending | |
| David Gregory | CX-148938 Heather's Hearing - Eden Prairie | 8655558965 | 4/29/1992 | 12/1/2025 | 09:15 AM | Appointment Scheduled | |
| Lauren Paschese | CX-148938 Heather's Hearing - Eden Prairie | 7345559856 | 2/7/1965 | 11/30/2025 | 10:45 AM | Appointment Scheduled | |
| Kimberly Henry | CX-148938 Heather's Hearing - Eden Prairie | 1234567890 | 7/1/1977 | 12/5/2025 | 09:00 AM | Appointment Scheduled | |
| Joseph Smith | CX-148938 Heather's Hearing - Eden Prairie | 8005104194 | 3/5/1989 | 12/1/2025 | 07:00 AM | Appointment Scheduled | |
| Aaron Michael | CX-148938 Heather's Hearing - Eden Prairie | 3052478227 | 11/3/1990 | 12/1/2025 | 10:00 AM | Appointment Scheduled | |
| Samantha Adkins | CX-148938 Heather's Hearing - Eden Prairie | 3145558509 | 1/16/1991 | 11/28/2025 | 08:30 AM | Appointment Scheduled | |
| Lauren Jones | CX-148938 Heather's Hearing - Eden Prairie | 9525551234 | 1/1/2000 | 12/15/2025 | 09:30 AM | Appointment Scheduled | No Loss |

All Appointments will appear. At the top, you can also view appointments by pending appointment, or pending results.

By **Clicking Patient Name** this will sort the names alphabetically. Once you have located the patient, you will double-click on their name to open their record.

- **All Appointments** – All Appointments in any respective status.
- **Pending Appointments** – Appointments that are waiting to be scheduled or have a future-dated appointment.
- **Pending Results** – Appointments that have occurred, but the status has not been reported.

STEP 2: Update the Appointment Tab

The patient's record will open on the appointment tab.

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Hannah Larson

[Appointment Scheduled](#)

[View Patient Details](#)

Phone Number: 8005104194

Date of Birth: 01/01/1975

Email: Hannahtest@email.com

Address: 1234 Main St, Eden Prairie, 55344

Gender: Female

Referral ID: 183555

Referral > **Appointment** > Order > Payment > Fitting

Schedule Appointment

Appointment Date *
12/25/2025

Appointment Time *
9:00 AM

Appointment Result

Did the Patient attend the Appointment? *
Select

[SAVE CHANGES](#)

[PREVIOUS: REFERRAL](#) [NEXT: ORDER](#)

Appointment Results:

You will select **Yes** from the dropdown under **Did the patient Attend the Appointment**. This will generate a dropdown below asking if the patient has a hearing loss. To proceed with the order, you will select **Yes**. Next, a dropdown for **Appointment Result** will appear on the right hand side.

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Hannah Larson

[Appointment Scheduled](#)

[View Patient Details](#)

Phone Number: 8005104194

Date of Birth: 01/01/1975

Email: Hannahtest@email.com

Address: 1234 Main St, Eden Prairie, 55344

Gender: Female

Referral ID: 183555

Referral > **Appointment** > Order > Payment > Fitting

Schedule Appointment

Appointment Date *
12/25/2025

Appointment Time *
9:00 AM

Appointment Result

Did the Patient attend the Appointment? *
Yes

Does the Patient have a hearing loss? *
Yes

Appointment Result *
Sold
Select
Show Pending Results
Sold

- **Sold** – The patient is interested in purchasing hearing aids.
- **Show pending results** – Patient tested with a loss, but has not made a decision to proceed yet.

Recommendation

Disclaimer. this doesn't show for all contracts. After choosing the Appointment Result, Recommendation will populate at the bottom of the screen. There are five required fields: Manufacturer, Brand, Model, Product Variant, and Technology Tier. Use the magnifying glass to search for each selection. **Once completed click to Save Changes and press Next.**

Note: The order will not be highlighted as you cannot make this selection yet.

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Hannah Larson

Phone Number

8005104194

Date of Birth

01/01/1975

Email

HannahTest@gmail.com

Appointment Scheduled

View Patient Details

Address

1234 Main St, Eden Prairie, 55344

Gender

Female

Referral ID

183555

Referral

Appointment

Order

Payment

Fitting

Schedule Appointment

Appointment Date *

12/25/2025

Appointment Time *

9:00 AM

Appointment Result

Did the Patient attend the Appointment? *

Yes

Appointment Result *

Sold

Does the Patient have a hearing loss? *

Yes

Recommendation

Provider Recommendation:

Please provide your recommendation for the patient to determine patient estimated out of pocket costs. Please fill in the below information and click NEXT button which allows to Generate Disclosure Form

Manufacturer *

57551

Product Variant *

HA, digital, binaural, BTE

Brand *

GN ReSound

Technology Tier *

Tier 2

Model *

.42 Test EDGE AI 24 RIC - WHITE - Left

SAVE CHANGES

NEXT

PREVIOUS: REFERRAL

NEXT: ORDER

Once you **click Next**, the button will disappear and you will see Pending Verification of Benefits below Recommendation. The patient's information is sent to Start Hearing to verify the patient's benefits. The patient's benefit information will be completed by the appointment date.

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Hannah Larson

Phone Number 8005104194 Date of Birth 01/01/1975 Email HannahLarson@gmail.com

Appointment Scheduled

View Patient Details Address 1234 Main St, Eden Prairie, 55344 Gender Female Referral ID 183555

Referral Appointment Order Payment Fitting

Schedule Appointment

Appointment Date * 12/25/2025 Appointment Time * 9:00 AM

Appointment Result

Did the Patient attend the Appointment? * Yes

Does the Patient have a hearing loss? * Yes

Appointment Result * Solid

Recommendation

Provider Recommendation: Please provide your recommendation for the patient to determine patient estimated out of pocket costs. Please fill in the below information and click NEXT button which allows to Generate Disclosure Form

Manufacturer * S7551 Product Variant * HA, digital, binaural, BTE

Brand * GN ReSound Technology Tier * Tier 2

Model * A2 Test EDGE AI 24 RIC-WHITE-Left

Pending Verification of Benefits

SAVE CHANGES

PREVIOUS: REFERRAL NEXT: ORDER

Appointment tab continued

At the time of the appointment you will log into the Start Hearing Portal and locate the patient's record. The record will open on the **Appointment Tab** where you left off in the previous step. There will be a note advising not to generate the disclosure form, and to disable the pop-up blocker as the form will generate in a separate tab.

There is also now a dropdown asking if the patient and provider would like to sign the disclosure form now or at the fitting appointment.

Now fields for the patient and provider signature will populate below, each will type their name (electronic signature), and then you will **click Save Changes and Generate Disclosure Form**.

Fitting appointment – An ordering dropdown will appear asking if you would like to place the order with Start Hearing directly or with the manufacturer. If you choose with Start Hearing, you will be prompted to go to the **Order Tab**. If you choose Manufacturer, you will be given the **PO#** to use and the Start Hearing **Bill To Account Number**. Both selections have the Generate Disclosure Document button visible at all times. Make your selections and be sure to **click Save Changes**.

Referral Appointment Order Payment Fitting

Schedule Appointment

Appointment Date * 12/4/2025

Appointment Time * 9:00 AM

Appointment Result

Did the Patient attend the Appointment? * Yes

Appointment Result * Sold

Does the Patient have a hearing loss? * Yes

Recommendation

Provider Recommendation: Please provide your recommendation for the patient to determine patient estimated out of pocket costs. Please fill in the below information and click NEXT button which allows to Generate Disclosure Form.

Manufacturer * STSBI

Product Variant * HA, digital, binaural, BTE

Brand * GN ReSound

Technology Tier * Tier 2

Model * A2 Test EDGE Ai 24 RIC - WHITE - Left

Disclosure Form: Please click 'GENERATE DISCLOSURE DOCUMENT' button below. Form will pop up in a separate web browser tab. Please make sure to disable the pop up blocker

Would Provider and Patient like to sign Disclosure form Now or at the Fitting appointment? * Now

Electronic Signatures

Electronic Signatures: The parties agree that this Disclosure Form is being delivered by electronic signatures and that the signatures appearing on this application are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Patient Signature

Provider Signature

SAVE CHANGES GENERATE DISCLOSURE DOCUMENT

PREVIOUS REFERRAL NEXT ORDER

Referral Appointment Order Payment Fitting

Schedule Appointment

Appointment Date * 12/4/2025

Appointment Time * 9:00 AM

Appointment Result

Did the Patient attend the Appointment? * Yes

Appointment Result * Sold

Does the Patient have a hearing loss? * Yes

Recommendation

Provider Recommendation: Please provide your recommendation for the patient to determine patient estimated out of pocket costs. Please fill in the below information and click NEXT button which allows to Generate Disclosure Form.

Manufacturer * STSBI

Product Variant * HA, digital, binaural, BTE

Brand * GN ReSound

Technology Tier * Tier 2

Model * A2 Test EDGE Ai 24 RIC - WHITE - Left

Disclosure Form: Please click 'GENERATE DISCLOSURE DOCUMENT' button below. Form will pop up in a separate web browser tab. Please make sure to disable the pop up blocker

Would Provider and Patient like to sign Disclosure form Now or at the Fitting appointment? * Fitting Appointment

Ordering

Would you like to place order with Start Hearing directly or with the Manufacturer? Start Hearing

Standard Product Selected: Please Click 'NEXT: ORDER' button below to create an Order

SAVE CHANGES GENERATE DISCLOSURE DOCUMENT

PREVIOUS REFERRAL NEXT ORDER

STEP 3: Orders

Your order will be in a **New (or draft)** status until you hit the **Submit** on the **Orders tab** and then it will be in a **Pending** (submitted to Start Hearing) status.

Account/Testing Details

- The **Bill to Account Number** will auto populate based on the contract and manufacturer selected
- Enter your **Ship to Account Number**, this will be the ship to number with the selected manufacturer
- Also select the appropriate **Hearing Loss Type** from the dropdown and **Diagnosis Codes** (up to 3) select the search magnifying glass to select pre-entered codes
- Your order number will populate below the **Hearing Loss Type**
- Draft order number** – Any order that was started but not fully completed
- Pending Shipments**–An order where the product has not shipped yet
- Pending Confirmation Delivery** – Orders that have shipped and Start Hearing hasn't received the Confirmation of Delivery document

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Hannah Larson

Phone Number 605104184

Date of Birth 01/01/1975

Email HannahTest@gmail.com

[View Patient Details](#)

Address 1234 Main St, Eden Prairie, 55344

Gender Female

Referral ID 183555

Referral Appointment Order Payment Fitting

Account Testing Details

Bill To * G185541

Ship To * a5000

This should be your **Ship To Account Number** with the manufacturer

Hearing Loss Type Moderate

Sales Order Number ORD-20804-Q7X2J4

Diagnosis 1 388.0

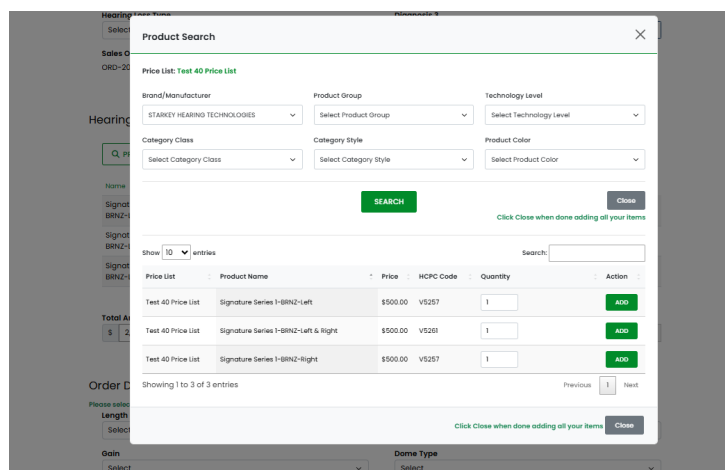
Diagnosis 2 H85.3X3

Diagnosis 3

- **Payments Due** – Orders with payments due

Hearing Aid/Item Details – **Click on Product Search**. That will open the Product Search window. Use the top dropdown menus to narrow your search accordingly. Then, select your items. You have to select one item at a time. To select, **click Add** (to the right of that item).




Once you have added all your items, click **Close** at the bottom right. That will close out the **Product Search window** and take you back to the **Item Details** tab with your items chosen.



Once you have closed the **Product Search Screen**, you will see your items have populated. You can remove any unwanted items by pressing **Delete** on the right of the product. **Click Save** after entering the serial number information. You will then enter the **Estimated Fit Date**, if there has been one made.

Hearing Aid / Item Details


[Q PRODUCT SEARCH](#)

| Name | Service Date | Serial Number Left | Serial Number Right | Serial Number Other | Quantity | Price Per Unit | Extended Amount | |
|--------------------------------------|--|----------------------|----------------------|----------------------|----------|----------------|-----------------|--|
| Signature Series 1-BRNZ-Left | mm/dd/yyyy  | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1.00000 | \$500.00 | \$500.00 | Delete Save |
| Signature Series 1-BRNZ-Left & Right | mm/dd/yyyy  | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1.00000 | \$500.00 | \$500.00 | Delete Save |
| Signature Series 1-BRNZ-Left | mm/dd/yyyy  | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1.00000 | \$500.00 | \$500.00 | Delete Save |

Total Amount

\$
2,000.00

Estimated Fit Date

M/D/YYYY


STEP 3: Orders

Order Details: – Similar to an order form, provide the appropriate information. Each field has dropdown options. By selecting **Length/Gain/Dome Options**, this will take you to a form that has all options listed by Manufacturer. You can fill in **Special**

Instructions with any additional requests. Once done be sure to select **Save Changes** at the bottom of the screen. When you are ready to submit your order, you can select the **Submit button**.

Note: If Submit is not highlighted green, this means a required field has been missed and you will need to correct this before clicking Submit. You then can select Next: Payment to move on to the payment section.

Order Details

Please select the appropriate fields below based on products you are ordering

| | |
|---|---|
| Length <input type="text" value="1"/> | CROS <input type="text" value="Right"/> |
| Gain <input type="text" value="50/M"/> | Dome Type <input type="text" value="Open"/> |
| Custom <input type="text" value="Scans on File"/> | Dome Size <input type="text" value="5mm"/> |

Length/Gain/Dome Options
 OPEN

Click here to see all manufacturer options for Length Gain and Dome options

Special Instructions

Note: Please use this section to indicate anything additional on your order ie: additional domes, special receivers, sports lock, etc. The information will be reviewed by our Order Management team to ensure they are incorporated on your respective order to the manufacturer.

Click **SAVE CHANGES** button to update any edits made. Click **SUBMIT** button when you are ready to submit your order to Start Hearing.

STEP 4: Payment

Once you are in the **Payment tab** this will show the total **Amount, Balance Due, and a Payment Status** of either **Not Paid** or **Paid**. From the dropdown under **Would Patient Like to make a payment now or at fitting**, you can select **Now** or **at Fitting**. Note -If the **Make Payment button** is not highlighted, it could be because there is no balance due yet. If the patient wants to make a payment, you can call Start Hearing customer care **888-304-8539** and one of our team members can assist. **Click Save Changes** before moving on.

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Lauren Jones

New Order

[View Patient Details](#)

| | | |
|---|-----------------------------|----------------------------|
| Phone Number 9525551234 | Date of Birth 01/01/2000 | Email Name123@yahoo.com |
| Address 123 Main Street, Eden Prairie, 55344 | Gender Female | Referral ID 183544 |

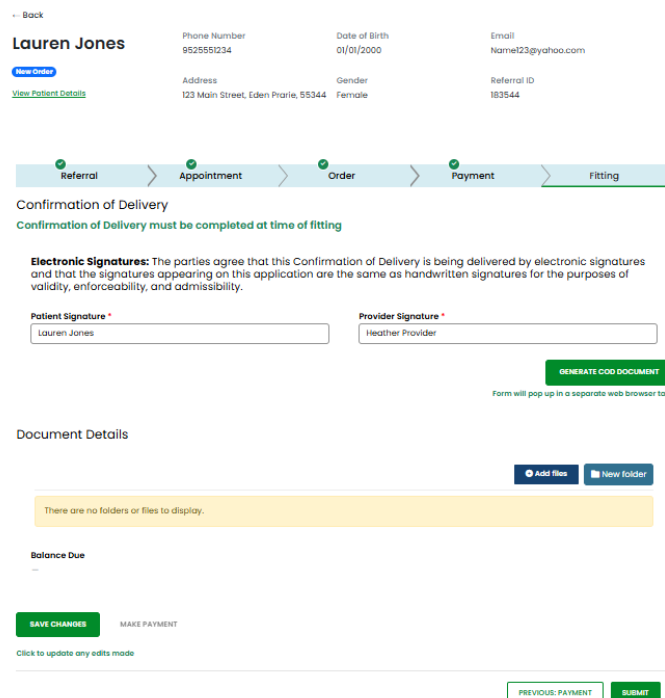
☒ Referral
 ☒ Appointment
 ☒ Order
 ☒ **Payment**
☐ Fitting

| | | |
|-----------------------------------|-------------------------|---|
| Total Amount \$1,500.00 | Balance Due - | Payment Status <input checked="" type="radio"/> Not Paid <input type="radio"/> Paid |
|-----------------------------------|-------------------------|---|

Would patient like to make payment now or at fitting?

STEP 5: Fitting

When you have received your shipment of the product, it is time to do your fitting. Go into the portal and open that patient's record, you will be taken to the **Orders tab**. Ensure you add/edit/review any serial numbers. **Click to the Fitting Tab** (Click Next: Payment, then Next: Fitting). The patient and provider will electronically sign in the appropriate box and **click generate COD Document**. The document will pop up in a separate tab (Please ensure your pop-up blocker is not enabled).



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Lauren Jones

Phone Number: 9525551234 | Date of Birth: 01/01/2000 | Email: Name123@yahoo.com

[New Order](#) | [View Patient Details](#)

Address: 123 Main Street, Eden Prairie, 55344 | Gender: Female | Referral ID: 183544

Referral > Appointment > Order > Payment > **Fitting**

Confirmation of Delivery

Confirmation of Delivery must be completed at time of fitting

Electronic Signatures: The parties agree that this Confirmation of Delivery is being delivered by electronic signatures and that the signatures appearing on this application are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Patient Signature *
Lauren Jones

Provider Signature *
Heather Provider

GENERATE COD DOCUMENT

Form will pop up in a separate web browser tab.

Document Details

[Add files](#) [New folder](#)

There are no folders or files to display.

Balance Due
...

SAVE CHANGES **MAKE PAYMENT**

Click to update any edits made

PREVIOUS: PAYMENT **SUBMIT**

- The Confirmation of Delivery form – All information will be filled in, including the **Serial Numbers and Warranty information**, based on the information that has been entered. **This is an important step, please verify all the information prior to generating the Confirmation of Delivery document.**
- Once the document is generated, you can use the document to review the information with the patient during the fitting.
 - ❖ Product fitting and associated pricing
 - ❖ Warranty information
 - ❖ Trial period (verbiage included at the bottom of the document)
 - ❖ Confirm if any patient out of pocket is due, and review payment with the patient
- **Click** back into the **Order**, if there is an out-of-pocket payment due, **click the**

Previous: Payment button which will take you back to the payments tab to confirm the balance due.

Document Details - You can click the **Add Files button** and upload a confirmation of delivery (When the COD is generated, if the patient does not want to electronically sign, you may print the document off, have the patient and provider sign and then upload here.) You do not have to upload the COD if both patient and provider signed electronically. You can also upload other documents like any supporting test/chart notes etc. Once you have completed the above, you can **click Submit**. This sends the Confirmation of Delivery to Start Hearing Claims to be invoiced.

Document Details

[Add files](#)[New folder](#)

There are no folders or files to display.

Balance Due

—

[SAVE CHANGES](#)[MAKE PAYMENT](#)

[Click to update any edits made](#)

[PREVIOUS: PAYMENT](#)[SUBMIT](#)



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