



Our Corporate Social Responsibility



Ordering Instructions for Retail Providers

Neighbors in Need & Special Olympics

What Is Starkey Cares?

Starkey Cares is Starkey's Corporate Social Responsibility Program designed to reflect the core values of Starkey in serving others and helping people hear better and live better.

At Starkey, we believe everyone deserves access to hearing health. This is why we created Neighbors in Need, a program that provides hearing devices for only the cost of the application fee. This is also why we are the exclusive hearing health partner for Special Olympics, where any Special Olympics athlete or coach can receive free hearing aids from Starkey and service from Starkey Cares partners.

Below is a summary of what to expect with both Special Olympics and Neighbors in Need patients. Please refer to instructions specific to Special Olympics on page 12 of this document.

How will patients find a participating provider/office?

Option 1: The Starkey Cares team based at our offices in Minnesota can help patients find the nearest participating provider. Patients can reach the team by email at neighborsinneed@starkey.com or by calling **1-888-301-6321**.

Option 2: Participating providers can assist patients who qualify to apply for the Neighbors in Need program by [sharing this link](#).

What does the initial visit look like?

Each patient will receive a comprehensive hearing evaluation in office on date of scheduled appointment. The provider then reviews the income guidelines to see if the patient meets the requirements of the Starkey Cares program.

How does a patient qualify for Starkey Cares?

1. Patient is unable to purchase hearing aids via cash, credit card, check, VA, medicare, or other participating programs.
2. Patient's income is less than the below thresholds:

INCOME LIMITS FOR PARTICIPATING PATIENTS			
Persons in Household	48 Contiguous States & D.C. (Yearly)	Alaska (Yearly)	Hawaii (Yearly)
1	\$27,180	\$33,980	\$31,260
2	\$36,620	\$45,780	\$41,120
3	\$46,060	\$57,580	\$52,980
4	\$55,500	\$69,380	\$63,840
5	\$64,940	\$81,180	\$74,700
6	\$74,380	\$92,980	\$85,560
7	\$83,820	\$104,780	\$96,420
8	\$93,260	\$116,580	\$107,280

Application process

Provider will share the application for the patient to complete [here](#). The application portal will require applicants to register with their own email address. For PHI purposes, we ask our participating provider to refrain from using their email address when helping patients apply through the portal.

Once the application is approved, the Starkey Cares team will work directly with the patient to obtain any additional documentation needed, as well as a \$300 application fee. The office will be informed that the patient is eligible for hearing aids through the Starkey Cares program once this process is complete.

How to apply ***Paper applications are currently unavailable.*

Share this link with your patient and have them fill out the information on the application portal. Please remind your patient to prepare the following information to ensure the application process is reviewed within the expected timeframes:

3. Patient Information
4. Yearly Income
5. Household Size
6. Proof of Income uploaded (*i.e* checking account, W-4, or 1040)

***The application fee is \$300 and is *only* collected AFTER the application has been approved. The Starkey Cares Specialist will inform the patient with the payment link.**

**Once approved, patients may re-apply every 5 years.*

How long does it take to process an application and how will my patient be notified?

1. Processing time takes 3–5 business days.
2. Once the application is approved, the Starkey Cares Specialist will notify the patient via email in detail about the approval and include the payment link to pay the application fee.
3. Your location will also be notified about the approval as well so the order can be placed through [Starkeypro.com](https://starkeypro.com).

**At this time, you may order products for Starkey Cares through the portal only.*

The patient has been approved, now what?

Step 1: The Starkey Cares Specialist will inform the patient and the provider that the patient has been approved for the Neighbors in Need Program.

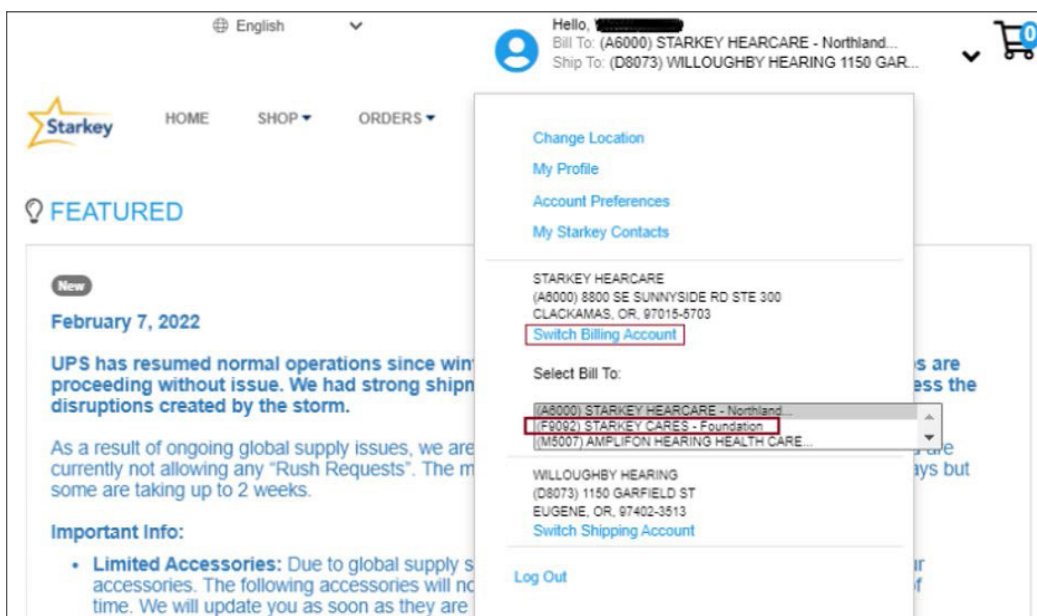
Step 2: Ordering process begins. Below is a list of hearing aids that may be ordered:

- Evolv AI 1000 RIC 312
- Evolv AI 1000 BTE 13
- Evolv AI 1000 mRIC 312

**Please note: If a patient requires a device not offered in the Starkey Cares product list, once the patient is approved for Starkey Cares, please email starkeycares@starkey.com with the patient's audiogram, name, and requested hearing solution.*

Step 3: Order hearing aids via the eStore using the following steps:

1. Log into [Starkeypro.com](https://starkeypro.com)
2. Hover over your profile information at the top of the page to change your **Bill To** account to **Starkey Cares #F9092**.
3. For the PO#, put in "Starkey Cares".



- Choose office location where you would like devices to be sent to as **Ship To**.

Step 4: Contact patient to schedule fitting appointment. Utilize the **Preferred Name** field to identify the patient as **Starkey Cares** in Sycle.

New Patient Input noah import save save and add another

identity

Title: **Patient Type:**

First Name: *required* **Insurance Patient:** ☐

Middle Initial: **Speech Pathology:** ☐

Last Name: *required* **Tinnitus:** ☐

Suffix: **Gender:**

Preferred Name: **Preferred Language:**

External ID:

Street 1:

Phone Numbers **Ext Primary** *required*

Home: x ☒

Step 5: From the completed appointment, choose “add” under the “purchases” section.

purchases add

Time Since Last Purchase: no purchases found

- When asked if you want to create a Managed Care Purchase, always choose “No”

Managed Care Purchase

Do you want to create Managed Care Purchase?

ALWAYS NO ☒ Yes ☐ No

- Choose “add hearing aids”

add **Hearing Aids** **Batteries** **add**

add **Earmolds** **2** **Services** **add**

add **Warranties** **1** **Accessories** **add**

add **Repairs** **1** **Remotes** **add**

add **Loan** **Due from Insurance** **add**

add **Receivers**

◦ In the Hearing Aid Purchase screen, select the following and save:

- Price Table: Starkey Cares Price Table

Hearing Aid Purchase

price table: Default ▼
Default
3rd Party Price Table
Clear Value Price Table
CT Medicaid Price Table
Gov't Price Table
OTOHealth
Certified Pre-Owned
Employee Benefit Hearing aids
IN Medicaid Price Table
OTC Price Table
Starkey Cares Price Table

In Stock BTE: --Not From Stock-- ▼
Manufacturer: --Select One-- ▼
Type: --Select One-- ▼
Model: --Select One-- ▼

Right Ear **binaural fit**

Test Level: Select One ▼

save

- Manufacturer
- Type
- Model
- Battery Type (if no default)
- Purchase Price: should equal \$0
- If fitting left and right ear choose “binaural fit” to copy Left Ear selections to Right Ear
- Save selection
- Save invoice

close

Purchase Summary

Patient: [Test A. Patient](#)
 1234 Street
 Austin, TX 78702
 USA

(503) 555-5555
Managed Care Program: Basic (Exp.: 03/25/2023) [See details](#)

Program expired!

Appointments Used: 2 / 2

Appointments limit reached!

You have unsaved changes - press Save to commit.
Note - changes to purchase date may require a change to warranty dates as well.

Z Training Environment
 6700 Washington Ave South
 MN, MN
 USA

(800) 328-8602
Staff: Training Site Provider
Clinic: Z Training Environment
Date: 4 / 3 / 2023
Tracking #:
Invoice #: 2149406
Managed Care: No

Qty	Item	Description	Unit Price	Amount	Order Tracking (Delivered)	Action
1	Left Hearing Aid	Starkey Livio 1000 RIC Digital Plan:Starkey Cares Price Table				edit delete
1	Right Hearing Aid	Starkey Livio 1000 RIC Digital Plan:Starkey Cares Price Table				edit delete

Invoice Total	\$0.00
Sales Tax	\$0.00
Grand Total	\$0.00
Insurance Payments	\$0.00
Total Write-Offs	\$0.00
Patient Payments	\$0.00
Amount Due From Insurance	\$0.00
Amount Due from Patient	\$0.00

payment write off refund fee delete all show details save appt summary

Step 6: Create Purchase Agreement. Choose Manual Purchase Agreement.

2: Patient Information Collection Section Guide

Click here to **Refresh Generator** before every transaction.

Tool Status: Current Data Status: Current Update PAG Accept Patient Data

Appt. Type: None Wearer: No Date: 7/8/2022

First: * None MI: Address Line 1: Cellular:

Last: * sfx: Address Line 2: Home:

D.O.B.: * City: Work:

Cycle ID: * State: zip:

Cmpn First: None MI: e-mail:

Last: sfx: Relationship to patient:

3: Transaction Type Selection Section Guide

Value Package Purchase Agreement
External Brand Purchase Agreement
Manual Purchase Agreement
3rd Party Retailer Service Agreement
Insurance Program Purchase Agreement

Supporting Functions: Section Guide

Diagnostic SOAP Notes
Delivery SOAP Notes
Follow-Up SOAP Notes
Verified Best Hearing
Service Summary
TNS Report
View STEG
Reprint Individual Documents

Record Management & Utilities Section Guide

Save Transaction
Recall Transaction
Delete This Recalled Trans.
Reference & Supplemental Forms
Change Set up

Step 7: Manually enter the device details.

3: Direct Entry / Manual Purchase Agreement										Section Guide	
System Description & Cost											
Product	Brand	Type	Style	Model-Family & Technology Level			List Price:	Prompt Pay Adjustment	Prompt Pay Price:		
	Rt.: Starkey	Wireless	RIC	MANUALLY TYPE MODEL NAME			\$ -	\$ -	\$ -		
	Batt: 312	Cndtn: New	Cust. <input type="checkbox"/> Wrls. <input checked="" type="checkbox"/>	Adv. Mic. <input type="checkbox"/>	Rech. <input type="checkbox"/>	I-Phn. Cmpdbl. <input type="checkbox"/>			Copy R to L		
	Lt.: Starkey	Wireless	RIC	MANUALLY TYPE MODEL NAME			\$ -	\$ -	\$ -		
	Batt: 312	Cndtn: New	Cust. <input type="checkbox"/> Wrls. <input checked="" type="checkbox"/>	Adv. Mic. <input type="checkbox"/>	Rech. <input type="checkbox"/>	I-Phn. Cmpdbl. <input type="checkbox"/>					
Product Sub Total:							\$ -	\$ -	\$ -		
Warranty	Warranty Type: none Warranty Period: 0 year(s)						Security Sub-Total:	\$ -	\$ -	\$ -	
Molds	V5265: Disposable Earmold/ Insert <input checked="" type="radio"/> None <input type="radio"/> Right Only <input type="radio"/> Left Only <input type="radio"/> Binaural							\$ -	\$ -	\$ -	
	V5264: Binaural Custom Earmold <input checked="" type="radio"/> None <input type="radio"/> Right Only <input type="radio"/> Left Only <input type="radio"/> Binaural							\$ -	\$ -	\$ -	
	V5267: Absolute Power Receiver <input checked="" type="radio"/> None <input type="radio"/> Right Only <input type="radio"/> Left Only <input type="radio"/> Binaural							\$ -	\$ -	\$ -	
Dispensing	<input checked="" type="radio"/> S0618: Audiometric Testing For Hearing Aids <input type="radio"/> 92557: Comprehensive Audiometry (Separately Billed) <input type="radio"/> Externally Sourced Test						Hearing Exam	\$ -			
	<input checked="" type="checkbox"/> Omit V5020 Conformity Eval						V5020 Conformity Eval	\$ -			
	<input checked="" type="checkbox"/> Omit V5011: Fitting & Orientation						V5011 Fitting & Orientation	\$ -			
	<input checked="" type="checkbox"/> Omit V5275 Ear Impressions						V5275 Ear Impression	\$ -			
	<input checked="" type="checkbox"/> Omit Dispensing Fee						V5160 Binaural Dispensing Fee	\$ -			
							Dispensing Sub-Total:	\$ -	\$ -	\$ -	
Services	Service Type: none Service Period: 1						Service Sub-Total:	\$ -	\$ -	\$ -	
Accessory	Accessory Item 1: Unselected						### year(s) warranty	\$ -	\$ -	\$ -	
	Accessory Item 2: Unselected						0 year(s) warranty	\$ -	\$ -	\$ -	
	Accessory Item 3: Unselected						0 year(s) warranty	\$ -	\$ -	\$ -	
Maintenance	0 yr(s) Video Otoscopy \$60 per event						0 yr(s) Wax Guard \$10 per pkg.				
	0 yr(s) Cerumen Management \$89 per event						0 yr(s) Mic cover replacements \$14 each				
	0 yr(s) Batteries Rech or Standard						0 yr(s) Re-Tubing \$20 per aid				
Maintenance Sub-Total:							\$ -	\$ -	\$ -		
Financial	Treatment Plan Subtotal:						\$ -	\$ -	\$ -		
	Existing Credit Balance:										
	<input checked="" type="checkbox"/> PFO Processing Fee:										
	Pretax Total:										
	Taxation: Acc: 9.50% Svc: 0.00% Warr: 9.50% Molds: 1.00% Dms: 1.00% Instrmnts: 1.00%										
	Total Due:								\$ -		
Payments: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> WF/CC 0% Credit Card: (please limit entries to a single payment type choice)								\$ -			
Balance Due Upon Receipt of Hearing Aids:								\$ -			

Step 8: Print Purchase Agreement. ATS is not available for Manual Purchase Agreement.

4: Navigation & Production						Section Guide	

Step 9: Complete Delivery appointment. Patient signs Purchase Agreement at completion of delivery.

Please be mindful of the following:

Patient is to be provided up to five (5) free visits for follow-up services. After that time, patient may be charged according to the Service Fee Schedule for all services rendered. The patient may apply to receive hearing aids through the Starkey Cares program once every five years.

****Hearing Aid Warranty:** Standard warranty applies on hearing aids, earmolds, and receivers. Unless the applicant purchased loss and damage warranty, there is no replacement through the program.

For order status or eStore technical difficulties, please contact us at: 888-301-6321

For application status, please have patients contact us at: (855) 686-2202 or email: StarkeyCares@starkey.com

Additional FAQs

What is the Neighbors in Need program?

Starkey believes that everyone deserves good hearing health and since some may not be able to access the technology they need, so we help them acquire technologies that they wouldn't otherwise be able to afford. Eligible patients apply and pay a \$300 application fee. The provider evaluates the patient and orders the hearing aids. Starkey provides the hearing aids at no cost to the provider; in turn the provider offers at least five (5) appointments to the patient free of charge.

This program is not affiliated with the Hear Now Program or Starkey Hearing Foundation, which focuses on education and training for hearing health professionals in developing nations.

Who are eligible (providers)?

Neighbors in Need (NIN) is open to all Starkey customers, including owned retail, Audibel, Starkey Select, and commercial. To become a Starkey Cares Partner, a provider must fill out this form and agree to provide services to patients eligible for the program: <https://starkeyhearing.wufoo.com/forms/w13w7n6b0javws7/>. After filling out this form, providers will receive a physical and digital Welcome Kit with more information, brochures, and a window cling.

In addition to supporting the NIN program, the provider will also be signing up to support local Special Olympics athletes in their area with free support visits as part of our Starkey Cares partnership with the Special Olympics (details are in the sign-up process).

Is Starkey Cares/Neighbors in Need the same as the Starkey Foundation/Hear Now program?

While it's similar in some respects to the Hear Now program, it is different and separate from the Starkey Foundation.

Starkey Cares is our corporate social responsibility program and **is not affiliated with the Starkey Hearing Foundation which focuses on education and training for hearing health professionals in developing nations.**

Can we have paper applications for the patient?

The online application system is the fastest, most reliable, and most secure way to get patients approved as paper documents can be lost, sent to the wrong location, etc. which costs valuable time.

For those patients without a computer, the application form is mobile enabled. For those patients without internet access, we suggest public libraries and some Starkey Cares partners are allowing patients the use of their office computers to complete the 10 minute application.

Do patients have to be declined for Wells Fargo or Care Credit to qualify for NIN?

No, they do not. If they meet the income threshold, they qualify for NIN.

You, as the provider, may have access to verify if the patient may have other financial options that are better fits for the patient (VA, special sales/discounts, insurance, etc.) before offering the Starkey Cares program.

We also made a commitment to ensure that our NIN patients are treated as customers first and given all the benefits and opportunities of other hearing health patients, which is why we provide options for payment that include Wells Fargo and Care Credit.

Do I have to provide five visits?

We believe that the relationship between patient, provider, and Starkey is a partnership, and each have an important role to play. Starkey provides world-class hearing instruments free of charge, the patients pay an application fee, and the provider delivers the service.

The expectation is hearing health and providing the best patient experience. If that can be achieved in less than five visits, we leave that to the provider's discretion; however, we wanted to provide a maximum number of visits to protect our customers.

Can the \$300 fee be waived?

The fee cannot be waived.

We believe that the relationship between patient, provider, and Starkey is a partnership and each of us has a role to play. Starkey provides world-class hearing instruments for free, the provider is delivering the service and support, and the patients portion is the nominal cost of the application fee that covers Starkey staff time for managing the process.

Starkey fully supports a provider or patient finding a sponsor to cover the costs of the application fee if payment can be submitted online with our current system.

Is the \$300 fee for one or two hearing aids?

The fee is the same for one or two hearing aids, as the time to process the application is the same.

Who collects the \$300 fee and how?

After the patient has applied and been approved, they will receive a request from Starkey with a link to our online payment portal.

The fee can be paid online via credit cards and Visa/Master Card/etc. gift cards. We do not accept personal checks or cash.

How long does it take to process an application?

It depends on several factors, however once a person has their supporting financial documents together, the application process itself takes less than 10 minutes to complete.

It also depends largely on questions providers or patients may have, how often emails are checked and replied to, etc. We have a team of employees that are dedicated to supporting this program and they usually reply to questions within the hour they are received (excluding weekends and holidays).

Who decides if someone is eligible for the program?

The income guidelines for the program dictate eligibility and are published on our website as well as in the informational materials sent to providers when they signed up to become Starkey Cares partners. There are no other criteria for qualification.

How is the patient and/or provider notified of approval or denial?

After the application is reviewed and approved, the provider will receive an email from Starkey indicating that the patient has been approved. If they are denied, Starkey will contact the patient. *Note: it may take a few to several days before we are able to confirm all required information is provided in the application, ensure the proper documentation is provided by the patient, and ultimately approve a request.

How can I get more paper brochures?

We hope to have an online ordering portal but for now they can email Morgan Cardosi at morgan_cardosi@starkey.com.

Where can someone get more information about Neighbors in Need?

www.starkey.com/starkeycares has more information and outlines the income guidelines. Please direct public calls to the phone number and email below:

- 855-686-2202
- neighborsinneed@starkey.com

If the question is focused around process or is outside of the everyday questions people might have, please refer them to the individuals listed below:

- Jake Spano, Director of Corporate Social Responsibility (jake_spano@starkey.com)
- Morgan Cardosi, Starkey Cares Specialist (morgan_cardosi@starkey.com)

What type of hearing aids are provided?

The hearing aids covered in the program are in the Evolv series and detailed information can be found in the ordering instructions provided to the local office. If they wish to order something outside of the pre-approved list, they can contact us at neighborsinneed@starkey.com and request an exemption.

- Evolv AI 1000 RIC 312
- Evolv AI 1000 BTE 13
- Evolv AI 1000 mRIC 312

Are batteries provided?

An initial package of batteries is included with the hearing aids. Beyond that, the patient is responsible for their own batteries. Batteries can be purchased directly from your office or at a local retail store.

Process for Special Olympics athletes and coaches

Starkey is the exclusive hearing health partner for Special Olympics International and we support Special Olympics athletes (including “Unified” athletes who are athletes who do not have intellectual disabilities) and coaches in one of a few ways.

- At events:
 - On-Site Fitting events where Starkey employees and/or Starkey Cares partners work in collaboration with Special Olympic hearing teams at predetermined events and fit Special Olympics athletes and coaches with free hearing aids when indicated.
 - Non-Fitting events where Starkey Cares partners volunteer at Special Olympics events and athletes and coaches are referred to Starkey Cares Partner locations nearest their home for fitting and follow-up services.
 - In both cases:
 - Starkey will contact you if there are event opportunities in your area and discuss in detail what is needed from you to support these options.
 - Events happen in the US and internationally and athletes will be provided technology that best suits their lifestyle and is supported in their home country.
- In your community:
 - By providing free services including fitting of athletes that were referred to you for fitting from a Special Olympics event, who were fit at an event and need follow-up services, or who may have heard about the program through word of mouth and inquiring about support.

****Note:** Whenever possible Starkey Cares staff will connect an athlete/coach to their local Starkey Cares provider via email so there is advance notice, however there will be times when an athlete/coach or their support team/family contacts you directly. We ask for all involved to be understanding and responsive in supporting these amazing athletes/coaches!*

How to support Special Olympics athletes and coaches

Step 1: Once you are contacted, set up an appointment based on if they were referred to you or are requesting follow-up support for technology they were fit with prior.

Step 2: Assess need which will vary from things as simple as helping them learn how to use a smartphone based app, to cleaning and tuning of hearing aids, or fitting for replacement or new hearing aids.

Step 3: Order free hearing aids from the eStore using the following steps:

- Unlike the Neighbors in Need program there is no application process or fee.
 - However unlikely, if you believe that someone is attempting to access this benefit wrongfully, please contact us at starkeycares@starkey.com and we can work with Special Olympics to verify.
- Ordering hearing aids is free and is accessed on the Starkey eStore using the billing **#F9180**.
- There is no “standard” product as in the Neighbors in Need program so approvals for products other than the Evolv AI 1000 are not required.

Step 3: Order hearing aids via the eStore using the following steps:

1. Log into [Starkeypro.com](https://starkeypro.com).
2. Hover over your profile information at the top of the page to change your **Bill To** account to **Starkey Cares #F9180**.
3. Choose office location where you would like devices to be sent to as **Ship To**.
4. For the PO#, put in "Special Olympics".

Step 5: Contact the patient to schedule fitting appointment.

Step 6: You may use your own fitting documents to have the patient (or authorized signer) sign to acknowledge the fitting of the hearing aids at the time of fitting.

