



# Consol HealthScope Contracted Provider Guide

Effective February 2026

[www.starthearing.com](http://www.starthearing.com)

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**Start Hearing Contact Information**

Start Hearing Provider Support.....1-888-819-9345

Claims Email .....claims@starhearing.com

Start Hearing Credentialing Department.....1-800-510-4194

Credentialing Email.....credentialing@starhearing.com

Start Hearing Website.....starhearing.com

Information Requests .....request@starhearing.com

Provider Forms/Documents.....starhearing.com/downloads

**Starkey – ATTN: Start Hearing  
6700 Washington Ave S  
Eden Prairie, MN 55344-3405**

**WHEN SENDING CUSTOM ORDERS, PLEASE DO NOT EMAIL PAPERWORK UNLESS SCANS ON FILE ARE USED. PLEASE SEND THE REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.**

<b>Benefit and Eligibility Information</b>	
<b>Provider Requirements</b>	<ul style="list-style-type: none"> <li>• Consol Healthscope requires a credentialed audiologist at the fitting office to test the members.</li> <li>• Any credentialed provider from the fitting office may fit the patient.</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Consol HealthScope - eligible every 36 months.</li> <li>• Early replacement is not considered.</li> </ul>
<b>Member Responsibility</b>	<ul style="list-style-type: none"> <li>• Start Hearing will provide the Consol Upgrade form to have the patient sign on the day of fitting. Upgraded amounts will be paid to Start Hearing the day of fitting. **</li> <li>• <b>PAYMENT OPTIONS: Payment can be made by check (payable to Start Hearing), credit card, eCheck, or financing. You may call 1-800-733-2588 to pay the upgrade amount over the phone or request a secure payment link.</b></li> </ul>
<b>Warranty</b>	<ul style="list-style-type: none"> <li>• All hearing aids come with a 3-year warranty.</li> <li>• The warranty covers in-warranty repair and 1-time loss and damage.</li> </ul>
<b>Loss and Damage</b>	<ul style="list-style-type: none"> <li>• May be used once per hearing aid during the warranty.</li> <li>• The L&amp;D order is processed on the Start Hearing Bill To Account <a href="#">E6048</a>.</li> <li>• Patient is responsible to pay Start Hearing \$250 per hearing aid.</li> <li>• Patient is also responsible to pay Start Hearing for Absolute Power receivers and earmolds.               <ul style="list-style-type: none"> <li>• \$159 per Absolute Power</li> <li>• \$50 per earmold</li> </ul> </li> <li>• Office is reimbursed only for the refitting of the hearing aid(s).</li> </ul>
<b>Return/Exchanges</b>	<ul style="list-style-type: none"> <li>• Must be processed within the 60-day trial period. Return/Exchange form can be found <a href="#">here</a>.</li> <li>• Provider fees are not returned if the patient was fit and has worn the hearing aids.</li> </ul>
<b>Earmolds &amp; AP Receivers</b>	<ul style="list-style-type: none"> <li>• Earmolds and receivers ordered with a new hearing aid are processed on the Start Hearing account <a href="#">E6048</a>.</li> <li>• No charge to provider or member.</li> </ul>

<b>Replacement Earmolds &amp; AP Receivers</b>	<ul style="list-style-type: none"> <li>• Replacement earmolds &amp; receivers are ordered on the Start Hearing account <a href="#">E6048</a>.</li> <li>• No charge or reimbursement to provider.</li> <li>• Claim worksheet should be sent to Start Hearing.</li> <li>• If replacement products are ordered on the commercial account, a credit / rebill will be processed.</li> </ul>
<b>Repair - In or Out of Warranty</b>	<ul style="list-style-type: none"> <li>• Billed on the Start Hearing account of <a href="#">E6048</a>.</li> <li>• Office is reimbursed only for the refitting of the hearing aid(s)</li> <li>• Send the packing slip or non-Starkey manufacturer's invoice and Coal Claim Worksheet (page 9) to <a href="mailto:claims@starhearing.com">claims@starhearing.com</a> containing the refitting date.</li> <li>• Office created invoices are NOT allowed.</li> <li>• In office repair is treated as a clean and check and will follow that procedure.</li> <li>• Billable once every 12 months.</li> </ul>
<b>Hearing Aid Check (V5011)</b>	<ul style="list-style-type: none"> <li>• Service is billable twice in the lifetime of the hearing aid.</li> <li>• Early billing will be denied and cannot be charged to the member.</li> </ul>
<b>Programming (V5013)</b>	<ul style="list-style-type: none"> <li>• Cannot be billed within 2 years of the fitting date.</li> <li>• After 2 years from fitting, service is billable once every 6 months.</li> <li>• Early billing will be denied and cannot be charged to the member.</li> </ul>
<b>Batteries</b>	<ul style="list-style-type: none"> <li>• Patients are responsible for their own replacement batteries.</li> </ul>
<b>Accessories</b>	<ul style="list-style-type: none"> <li>• Any desired accessories are ordered under the Start Hearing bill-to-account, <a href="#">E6048</a> and a payment link will be provided to collect the payment. Please reference the price list for accessory pricing.</li> </ul>

## Process Overview

1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
2. A credentialed audiologist from the dispensing office will perform a hearing test.
3. Start Hearing will obtain authorization from Consol Healthscope.
4. Office will send all required paperwork to Start Hearing:

### Coal Contract Claim Worksheet (page 9)

- Must include policy holders name, date of birth and relationship to the patient.

### Audiogram:

- Must be physically signed by the audiologist and dated within 6 months of submission.
- Audiograms from outside the fitting office are not allowed.

### Medical Clearance (page 10):

- Must be physically signed by a family physician, ENT, physician's assistant, or nurse practitioner. Medical Clearance form can be found on page 11.
- Electronic signatures are not accepted.
- Anytime new or replacement hearing aids are requested, a medical clearance is required and must be dated within 6 months of the fitting.  
The medical clearance, audiology testing and the authorization have a six-month expiration date.

### Member ID Card:

- Must include a copy of the current ID card for Consol Healthscope.
  - Coverage has changed to UMR and will have an 8-digit ID number.
5. Start Hearing will send Confirmation of Delivery form to Provider as approval.
  6. Please visit our new provider portal linked [here](#). You can process referrals, appointment outcomes, place orders, process payments and signatures all in the portal. You can access the provider portal resources [here](#) to learn more! If you're not a portal user, please continue with the steps below.
  7. The provider will place hearing aid order with Starkey, using the Start Hearing bill-to-account number, [E6048](#).
    - a. **Order forms** can be found [here](#). Go to the bottom of the page, under Printable Forms and choose the Start Hearing tab to view the correct order forms. All active product families are available based on the technology levels in the chart below.
  8. Provider will fit patient and send the signed Confirmation of Delivery form to: [claims@starhearing.com](mailto:claims@starhearing.com)

Technology Level	Low (12)	Select (16)	Advanced (20)	Premium (24)
<b>NON-Rechargeable Aids</b>	\$0 – Monaural \$0 – Binaural	\$250 – Monaural \$500 – Binaural	\$500 – Monaural \$1000 – Binaural	\$650 – Monaural \$1300 – Binaural
<b>NON-Rechargeable CROS/BiCROS</b> <i>Omega AI/Aris AI Products Only</i>	\$0	\$250	\$500	\$650
<b>Rechargeable CROS/BiCROS</b> <i>Omega AI/Aris AI Products Only</i>	\$150	\$400	\$650	\$800
<b>Warranty</b>	3 Year	3 Year	3 Year	3 Year

**\*\*Out of pocket amounts will be collected by Start Hearing on the date of fitting. Based on the product being purchased, Start Hearing will provide the Consol Upgrade form (page 9), in which the Patient must sign on the day of fitting.**

**Provider fees are paid 60 days from the date the Confirmation of Delivery form is received.**



## Summary of Benefits and Estimated Patient Responsibility

This document is intended to provide an estimate of what you owe for your hearing aid(s) and provide a summary of benefits as well as details on product selection and costs.

Patient Name: \_\_\_\_\_ Health Plan: HealthScope – Consol

Product Selection		
	Product Based on Medical Necessity	Product Desired (upgrade)
Product Selected	<input type="radio"/> 12 Level	<input type="radio"/> 16 Level <input type="radio"/> 20 Level <input type="radio"/> 24 Level
Number of Hearing Aid(s)		
Total Cost		
Upgrade Amount (if applicable)		
Accessories / AP Receivers (if applicable)		
Patient Owes		

COVERED INDIVIDUAL: I understand the cost for the items selected above are estimates only. I understand if I choose a more advanced product, beyond medical necessity, I will be responsible for the amount in the "Patient Owes" section above. I agree to pay for any upgrade amount beyond my covered benefit. If my health plan pays less than what is estimated or if I have exhausted my benefit, I may return the hearing aid(s) within 60 days of the fitting of the hearing aid(s) and/or exchange to select new hearing aid(s) with a lower total purchase price. If I choose to keep the hearing aid(s) instead, I will be responsible for any remaining balance due from Start Hearing.

By signing this form, I have read, understand, and agree with the information shown above.

\_\_\_\_\_  
 Patient Signature \_\_\_\_\_  
 Today's Date

\*\*\*Payment Options: Payment can be made by check (payable to Start Hearing), credit card, eCheck, or financing. You may call 1-800-733-2588 to pay the upgrade amount over the phone or request a secure payment link.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

After thorough examination, I have determined that the above-named patient is medically cleared for hearing aids.

If you need anything further from me, please contact me at the address or phone number listed below.

**Examining Physician / Clinic Information:**

Physician Signature: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

Physician NPI Number: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_



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