



Ohio Hearing Aid Assistance Program (OHAAP)

Prior Authorization

Type or Print Legibly

Provider Information

NPI Number (Rendering)	
NPI Number (Group)	
Provider Name	
Facility Name	
Street Address	Provider Fax Number
City, State and Zip Code	Date Form Completed
Provider Telephone # and Ext.	
Contact Person	
Contact E-Mail	

Client Information

Last Name	First Name
Street Address	
City, State and Zip Code	
County	
Date of Birth	

*****Attach physician's medical clearance, copy of hearing evaluation (within past 6 mo.), description of make & model of hearing aids and Family Application*****

Requested Services

Quantity	Procedure Code

State Use Only – Do Not Complete Sections Below

Quantity	Procedure Code	Approved Dollar Amount	Approve

Reviewer
Date

Mail All Documents To:
 Ohio Department of Health
 Children's Hearing and Vision Screening Program
 OHAAP 6th Floor
 Melissa S. McCoy, M.A.
 Public Health Audiologist
 246 N. High Street
 Columbus OH 43215