

The Oticon Medical Insurance Support Service provides assistance obtaining the documentation needed from insurance companies in order to proceed with surgical procedures, soft band mounted Ponto sound processors and replacement sound processors.

Who is eligible to use Oticon Medical Insurance Support Services?

Those eligible to use these services are medical providers and patients with current insurance coverage. Patients wishing to use this service will need to work with their clinic throughout the insurance process as the insurance companies do require clinical information and documentation.

What to expect from Oticon Medical Insurance Support:

Oticon Medical Insurance Support will work with you to verify your benefits, submit paperwork to your insurance company and request pre-authorization for the procedure. We do this in a confidential and private manner to protect healthcare information through every step of the process. In the event that your request for pre-authorization is denied, Oticon Medical Insurance Support will investigate the reasons for denial and help to formulate a plan of action.

How to Begin the Insurance Verification and Pre-Authorization Process?

You can begin the process by calling Oticon Medical at 1-855-252-2777 and speaking with one of our insurance support specialist. The specialist will ask a few brief questions and will also be able to answer any questions you may have about the process. They will then send you all of the needed forms and information necessary to verify your insurance coverage.

How long does the Pre-Authorization process take?

Once Oticon Medical has obtained the needed forms and information the insurance process typically takes between 4 to 6 weeks.

How is Oticon Medical involved in the process?

An Oticon Medical Insurance Specialist will contact the patient's insurance company to inquire as to benefit coverage under the patients plan and pre-authorization requirements. The Oticon Medical Insurance Special will work as a liaison between the patient, the care giver and the insurance company to collect the necessary information for the insurance company, who will make the pre-authorization decision.

Once authorization is obtained you will be notified of the results as well as given any documentation provided by the insurance company needed in order to move forward with the procedure.

Should you have questions at any point of the process you can speak with your case manager by calling the toll free insurance support line 1-855-252-2777.

