

**Pediatric Loaner
Bank Program**



**Procedures and
Application**



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A better future for every child with hearing loss

...that's our mission. Read more about how our national Loaner Bank Program will support you in meeting the challenges you face, ensuring children with hearing loss receive the best possible hearing care - right from the start.

Oticon's audiological mission is to help hearing care professionals create a better future for children with hearing loss. We want to assist children in realizing their full potential with instruments capable of meeting their individual needs as they journey towards adulthood. One way we can help get them off to the best start is through the Loaner Bank. The Oticon Pediatrics Loaner Bank Program will provide hearing aids and earmolds for children, birth to three, who are in need of immediate amplification when amplification is not readily available. These children are typically waiting for third party reimbursement approval.

While it is true that there are no excuses for any child not having permanent amplification in place as soon as it is needed, realistically, there are many reasons why delays may occur along the way. When delays occur, these children are in jeopardy of developing speech and language delays. The Oticon Pediatrics Loaner Bank Program is designed to address this very need.

Oticon, Inc.
Oticon Pediatrics
580 Howard Avenue Phone: 888-OTIPED1 / 888-684-7331
Somerset, NJ 08873 Fax: 1-732-748-2011

POLICIES & PROCEDURES

- A. Eligibility - Children ages 0-3 with an immediate need for hearing aids while arrangements for permanent amplification through 3rd party reimbursement is secured.
 - B. Facility Enrollment - Each facility must have an account established with Oticon, Inc. and must complete a one time Loaner Bank application with Oticon, Inc. to participate in the Program. If there are multiple offices, the bill-to account should complete the application.
 - C. Commitment to training - Each facility in the program must verify they are proficient with the current Oticon fitting software. Phone training is available.
 - D. Request for instruments and earmolds - The Loaner Bank BTE and Earmold Order Form must be completed for each child by the hearing care professional. An earmold will be provided at no charge for each hearing aid requested. Earmold impressions - sent to Oticon - must accompany the form if molds are requested. Each earmold comes with a 90 day one time remake warranty.
 - E. Available products - All Sensei and Sensei Super Power BTE instruments (312, 13) and Safari Super Power BTE models. In addition, the following Amigo FM models are available: R12, T5 and T30. All hearing instruments are shipped with tamper-resistant battery doors.
 - F. Length of loan period & Repair Policy - The loan period is 3 months from the date of shipment from Oticon, Inc. For any loaner instrument requiring repair, you must first call Pediatrics before sending it in, to ensure the issuing of a replacement unit.
 - G. Return or Purchase of hearing aids - The hearing care professional has the following options:
 - Purchase current hearing aids already on loan from Loaner Bank - warranty begins the day after the loan period expires.
 - Return then purchase new hearing aids from stock - warranty begins the day the new hearing aids are shipped to the hearing care professional.
 - Return - loaner hearing aids are returned to Oticon, Inc. within the 3 month period. Loaner Bank Return Form is included in this booklet and can also be downloaded from the Loaner Bank Application booklet found at www.oticonusa.com.
- Oticon, Inc. will send a reminder postcard when you are within 3 weeks of the loaner period expiring. A courtesy phone call will also be made the week before the loaner period expires. It is the responsibility of the hearing care professional to inform Oticon, Inc. how to proceed with each loaner agreement. If the hearing aids are not returned within 30 days of the loaner period expiring, the account will be billed at the account's current pricing.
- H. Loss - A retention device will be provided for each loaner hearing aid request to assist with retention and prevent against loss. Oticon Pediatrics is providing one complimentary loss and damage coverage within the 3 month period. Any loss of instruments after the 3 month period is the responsibility of the account and the units will be invoiced accordingly.
 - I. Cochlear Implant evaluations - The Loaner Bank is not to be used for the duration of a cochlear implant evaluation if it is longer than the 3 month time period. If hearing devices are needed for implant evaluation, Oticon has other options that can be used. Please contact Pediatrics Customer Service to discuss details of providing hearing devices for a CI evaluation.
 - J. Total Instrument Allotment - The maximum amount of loaned instruments to any facility cannot exceed 40 total at any given time.

FACILITY ENROLLMENT FORM (pg. 1 of 2)

ACCOUNT INFORMATION

Account #: _____
Account Name: _____
Email: _____
Phone Number: _____
Fax Number: _____

PRIMARY SETTING (please check one):

- Hospital / clinic
- Referral clinic
- Private practice
- Other _____

STAFF INFORMATION

Name	Email	PRIMARY CONTACT (please check one)
1. _____	_____	<input type="radio"/>
2. _____	_____	<input type="radio"/>
3. _____	_____	<input type="radio"/>
4. _____	_____	<input type="radio"/>
5. _____	_____	<input type="radio"/>
6. _____	_____	<input type="radio"/>

DEMOGRAPHIC INFORMATION

Is the pediatric population (under 18 years of age) of your facility:

- Less than 10%
- 11-20%
- 21-50%
- 51-75%
- 75-100%

This facility provides the following services (check all that apply):

- Diagnostics
- Hearing aid dispensing
- FM dispensing
- Cochlear implants
- Audiological services to schools
- Aural (re)habilitation/counseling

For your convenience you may also mail this form to:
Oticon, Inc.
Oticon Pediatrics
580 Howard Avenue
Somerset, NJ 08873 Phone: 1.888.684.7331

FACILITY ENROLLMENT FORM (pg. 2 of 2)

Approximately how many children are seen for DIAGNOSTIC services at this facility on an annual basis?

	1-25	26-49	50-99	100+
0-3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-8 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9-13 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14-17 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Approximately how many children are seen for AMPLIFICATION services at this facility on an annual basis?

	1-25	26-49	50-99	100+
0-3 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-8 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9-13 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14-17 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AGREEMENT

I agree to the policies and procedures outlined in this booklet and understand that our account is responsible for the instruments that are provided to us on a temporary basis. In the event the products are not returned to Oticon, Inc. within 30 days of the loaner period expiring, the account will be billed for the products at our current account pricing (exception made for products documented as lost).

Name of Primary Contact

Signature of Primary Contact

Date

Email: pediatrics@oticonusa.com
 Fax: 1.732.748.2011

Oticon, Inc.
 Oticon Pediatrics
 580 Howard Avenue
 Somerset, NJ 08873
 ATTN: R Walker

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LOANER BANK BTE & EARMOLD ORDER FORM

The information contained on this form will be kept confidential according to HIPAA Guidelines.

SHIP TO INFORMATION

Customer Number: _____
 Phone #:() _____
 Office Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

FITTER'S INFORMATION

Today's Date: _____ Fitting Date: _____
 Fitter's Name: _____
 Fitter's E-mail: _____
 Date of Birth: (MM/DD/YY) ____/____/____

PATIENT INFORMATION

First Name: _____ MI: _____ Last Name: _____

The information contained on this form will be kept confidential according to HIPAA Guidelines.

BTE Loaners			
NOTE: Tamper-resistant battery door added on all aids for children 3 and under	Chroma Beige	Chestnut Brown	Black
Choose Model/Quantity			
Sensei Pro BTE (312)			
Sensei Pro BTE (13)			
Sensei BTE (312)			
Sensei BTE (13)			
Sensei Pro SP BTE (13)			
Sensei SP BTE (13)			
Safari SP 900 (13)			
Safari SP 600 (13)			
Safari SP 300 (13)			

Amigo Loaners			
	Chroma Beige	Chestnut Brown	Black
Choose Model/Quantity			
Amigo R12 Recvr			
Amigo Transmitter	Select one	T5	T30

Required: Audiometric Information							
Hz	250	500	1K	2K	3K	4K	8K
Right							
Left							

Reason for Loaner Hearing Aids:

3rd party reimbursement

Cochlear implant evaluation

Other; explain

Type	R	L	Style	R	L	Venting	R	L	Tubing	R	L		
BTE Mold	<input type="checkbox"/>	<input type="checkbox"/>	Full Shell w/ Helix	<input type="checkbox"/>	<input type="checkbox"/>	SAV Vent	<input type="checkbox"/>	<input type="checkbox"/>	13 Medium Tube	<input type="checkbox"/>	<input type="checkbox"/>		
Color			Full Shell no Helix	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Vent	<input type="checkbox"/>	<input type="checkbox"/>	13 Heavy Tube	<input type="checkbox"/>	<input type="checkbox"/>		
Clear (STD)	<input type="checkbox"/>	<input type="checkbox"/>	Skeleton	<input type="checkbox"/>	<input type="checkbox"/>	No Vent	<input type="checkbox"/>	<input type="checkbox"/>	Options		R L		
Medium Brown	<input type="checkbox"/>	<input type="checkbox"/>							Print R/L on the mold	<input type="checkbox"/>	<input type="checkbox"/>		
NOTE: Soft Silicone material is STD											Make Canal Tip Red/Blue	<input type="checkbox"/>	<input type="checkbox"/>

Agreement

I agree to the Oticon Pediatrics Loaner Bank policies and procedures and understand that:

- Our account is responsible for the products that are provided to us on a temporary basis. In the event the products are not returned to Oticon, Inc. within 30 days of the loaner period expiring, the account will be billed for the products at our current account pricing (exception for products documented as lost).
- The earmolds are covered with a 90 day one time remake warranty. If additional options are requested from what is considered standard, the account will be billed by Oticon for these charges.

 Name of Hearing Care Professional

 Signature of Hearing Care Professional

 Date

Special Instructions

OTICON PEDIATRICS LOANER BANK RETURN FORM

CUSTOMER INFORMATION

Account #: _____
 (Please complete all information including name & phone number)
 Phone Number: _____
 Name: _____
 Address: _____
 City: _____

PATIENT INFORMATION

Child's Name: _____
 Child's Age: _____
 Date of Birth: (MM/DD/YY) ____/____/____
 The information contained on this form will be kept confidential according to HIPAA Guidelines.

HEARING AID

Model: _____ Style: _____
 Ser # L: _____
 Ser # R: _____

AMIGO FM

Model: _____ Ser #: _____
 Model: _____ Ser #: _____
 Model: _____ Ser #: _____

PLEASE INDICATE ONE REASON FOR RETURN:

- Purchasing other Oticon product/models
- Cochlear Implant candidate
- Patient rejected
- Purchased other manufacturer product
- Other _____

Package tracking #: _____

Please mail this form with returned instrument(s):
 Oticon, Inc.
 Oticon Pediatrics - R.WALKER
 580 Howard Avenue
 Somerset, NJ 08873 Phone: 1.888.684.7331

OTICON PEDIATRICS TEAM



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OTICON PEDIATRICS TEAM

People First

People First is our promise to empower people to communicate freely, interact naturally and participate actively

child
friendly
hearing
care

Our pediatric audiological mission is to ensure a better future for every child with hearing loss. We will deliver solutions, tools and techniques that optimise auditory and cognitive habilitation, embrace the complexities of growing up with hearing loss, and empower you to adapt solutions to each child's developmental stage on their journey to adulthood.



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PEDIATRICS