



Walk-In Member Registration Appointment Form

Please complete and fax to HearUSA at 1-877-393-8536 or email to Providerrelations@hearusa.com

Provider Information

Provider First & Last Name _____

Office Name _____

Office Address _____

Office Phone _____

Office Fax _____

Office Email _____

Member Information

Appointment Date & Time _____

Member Name _____

Member Address _____

Member Phone _____

Member D.O.B _____

Plan Name _____

Member ID #: _____

Special approval and verification of eligibility is not a guarantee of payment. Please submit with as much advance notice as possible, and allow a few hours for processing. Requests received after 4PM EST will be stamped the next business day. Payment terms and conditions are subject to plan design and requirements.

Please call HearUSA at 1-800-333-3389, option 2 if you have any questions.