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STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF MEDICAL ASSISTANCE

AND

HEALTH SERVICES

HEALTH SERVICES PROGRAM

[Proposed]

HEARING AID

MANUAL

[APRIL 1971]

NS/KAS

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1971

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FOREWORD

The New Jersey Medical Assistance and Health Services Act (Chapter 413, Laws of 1968) established a program of assistance and services for defined groups of persons to enable them to secure quality medical care. This is the New Jersey version of a program commonly known as "Medicaid" or "Title XIX". In identifying persons eligible for such assistance and services this will be known as the New Jersey Health Services Program.

This manual is designed for use by providers billing for services furnished under the Program. It contains informational and procedural material needed to assist the provider in prompt and efficient payment of claims and to answer questions which patients may ask about the program. The procedures described in this manual have been devised to achieve the goals of the Program with due consideration to the needs of the covered persons and effective relationships with providers.

A careful effort has been made to insure that the provisions of the law and the regulations are accurately reflected. This issuance should help to assure that the law is uniformly applied without regard to where covered services are furnished.

The manual is designed to accommodate new pages as administrative changes in procedure are made. Accordingly, revised sections, pages, or chapters will be issued as the need presents itself.

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CHAPTER I

GENERAL INFORMATION ABOUT THE PROGRAM

100. WHO IS ELIGIBLE

In general, Medical Assistance will be available to the following individuals:

All individuals receiving financial assistance under the State programs of Old Age Assistance, Assistance for Dependent Children, Aid to the Blind and Assistance to the Permanently and Totally Disabled. (These are referred to as "categorical assistance" programs.)

Persons who would be eligible for financial assistance under one of the above programs except for a requirement that is specifically prohibited by Federal law or regulations, such as execution of a reimbursement agreement.

Persons who meet the standard of need applicable to their circumstances under one of the categorical assistance programs, but who are not receiving and do not apply for such assistance.

Children between 18 and 21 who, except for school attendance requirements, would be eligible for the State program of Assistance for Dependent Children.

Children under 21 years of age in foster placement under supervision of the Bureau of Children's Services for whom maintenance is being paid in whole or in part from public funds.

The spouse of a recipient of old age assistance, assistance for the permanently and totally disabled, or assistance for the blind who is living with such recipient and whose needs are taken into account in determining the amount of financial assistance for the recipient.

GENERAL INFORMATION

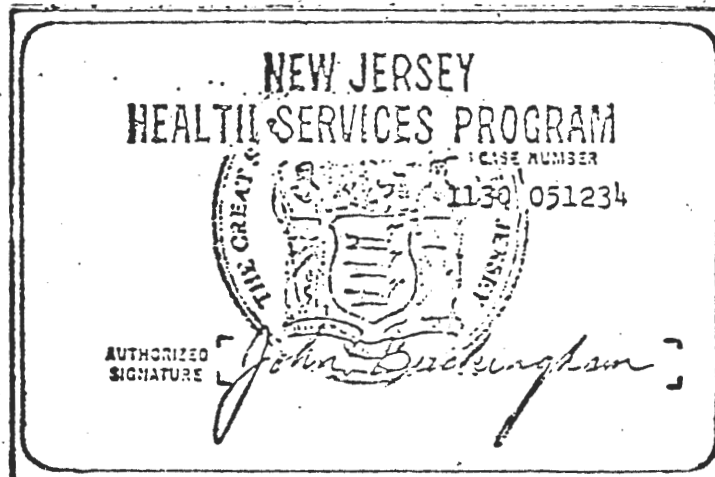
101. HOW TO IDENTIFY A COVERED PERSON

101.1 Plastic Identification Card (Exhibit I)

This card identifies an individual or head of a family group found eligible for payment for authorized health services under the New Jersey Health Services Program administered by the Division of Medical Assistance and Health Services, Department of Institutions and Agencies. It will contain the name of the individual or head of the household and the Health Services Program Case Number. This card is issued by the Division of Medical Assistance and Health Services. It will serve as an identification card only.

NOTE: THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, BUT MUST BE ACCOMPANIED BY A CURRENT MONTH VALIDATION FORM ISSUED BY A COUNTY WELFARE BOARD OR THE STATE OF NEW JERSEY (SEE SECTION 101.2).

Exhibit I



101.2 Validation Form (Exhibit II)

This validation for health services form is issued by the appropriate County or State Agency monthly and indicates the individual is currently eligible for coverage.

NOTE: THIS FORM IS THE SOLE INDICATOR OF ELIGIBILITY. THE PLASTIC IDENTIFICATION CARD ALONE IS NOT SUFFICIENT.

The sample shown contains all of the required information. However, the form itself may vary from county to county.

IMPORTANT: Be sure to enter name, H.S.P. Case Number, and Person Number, EXACTLY as it appears on the Validation form on all Requests for Authorization and claim forms.

102. AUTHORIZED SERVICES FOR COVERED PERSONS

The items and services provided to covered persons will not normally be limited in duration or amount. Any limitations imposed will be consistent with the medical necessity of the patient's condition, as determined by the attending physician or other practitioner, in accordance with standards generally recognized by health professionals and promulgated through the Division of Medical Assistance and Health Services. The following items and services, more specifically defined in subsequent sections of the appropriate manual, are authorized under the Program:

- (a) Inpatient hospital services, other than services in an institution for tuberculosis or mental diseases;
- (b) Inpatient hospital services for persons 65 and older in a public institution for tuberculosis or mental diseases;
- (c) Outpatient hospital services;
- (d) Clinic services, i.e., health services provided by an outpatient facility not administered or operated by a hospital;
- (e) Laboratory and x-ray services;
- (f) Skilled nursing home services;
- (g) Physicians' services, whether furnished in the office, patient's home, hospital, skilled nursing home or elsewhere;
- (h) Other practitioners' services, limited by State law to podiatrists and optometrists;
- (i) Dental services, including dentures;
- (j) Home health care services;
- (k) Pharmaceutical services - prescribed drugs (legend and non-legend)
- (l) Prosthetic devices and appliances, medical supplies and equipment; eyeglasses and hearing aids;
- (m) Rehabilitation services;
- (n) Transportation, i.e., ambulance service to and from a medical facility when the patient's condition precludes the use of other means of transportation.

GENERAL INFORMATION

103. ELIGIBLE PROVIDERS

Providers of services means any individual, partnership, association, corporation, institution, or public agency designated below, meeting applicable requirements and standards for participation in the Program:

Medical and Surgical Supply Dealers;
Certified Independent Clinical laboratories;
Dentists;
Hearing Aid Dealers;
Home Health Agencies;
Hospitals;
Skilled Nursing Homes;
Opticians;
Optometrists;
Approved Clinics (Independent Outpatient Health Facilities);
Certified Orthotists;
Pharmacies;
Physicians;
Podiatrists;
Certified Prosthetists; (excluding dental)
Providers of Medical Transportation.

104. FREE CHOICE BY COVERED PERSONS

A covered person is free to choose qualified facilities, practitioners and providers of service which meet the Program standards. In the event that the patient has no personal practitioner, or none is available, the Local Medical Assistance Unit may assist in obtaining an appropriate practitioner or health resource.

GENERAL INFORMATION

105. CONTRACTORS

The Division of Medical Assistance and Health Services will process and make payment of claims for services by skilled nursing homes and eligible state and county mental and tuberculosis hospitals.

Contracts have been negotiated on behalf of the State of New Jersey with the Hospital Service Plan of New Jersey and the Prudential Insurance Company of America to function as its contractors.

The Hospital Service Plan of New Jersey will be responsible for the processing and payment of hospital inpatient, hospital outpatient, and home health agency claims for those providers who have selected the Plan as their intermediary under Title XVIII (MEDICARE). In addition, the Hospital Service Plan of New Jersey will process and pay all pharmaceutical services claims (i.e., legend and non-legend drugs), and claims for out of state hospitals and home health agencies. Hospitals who have not participated in Title XVIII are assigned to the Hospital Service Plan.

The Prudential Insurance Company of America will handle the processing and payment of hospital inpatient, outpatient and home health agency claims for those providers who have selected Prudential as their intermediary under Title XVIII (MEDICARE). In addition, the Prudential Insurance Company will process and make payment for all other health services covered by the program.

106. PRIOR AUTHORIZATION

Under the Program, payment for certain services will require prior authorization from the Local Medical Assistance Unit, except in an emergency. It is the responsibility of the specified person or institution providing such service to obtain prior authorization before furnishing or rendering service. Specific instructions are detailed in the appropriate manual sections.

107. POLICY ON OUT OF STATE MEDICAL CARE AND SERVICES

Prior approval of the Local Medical Assistance Unit shall be required for medical care and services which are to be provided outside New Jersey, except in the following situations:

1. Where necessary medical care is provided to a patient who is temporarily absent from the state.

GENERAL INFORMATION

2. When it is customary for persons in the area generally to use medical care resources and facilities outside the State of New Jersey.
3. When out of state care was provided in an emergency.

108. GENERAL EXCLUSIONS

The items listed here are general exclusions. There are certain additional specific exclusions and limitations which are detailed in the appropriate manual sections.

Payment is not made for:

1. Any service, admission or item which is not medically required for diagnosis or treatment of a disease, injury or condition;
2. Any services or items furnished in connection with elective cosmetic procedures;

Note: There are certain exceptions to this rule.

A written certification of medical necessity and a treatment plan must be submitted by the practitioner to the Local Medical Assistance Unit for consideration, and Prior Authorization is required.

3. Private duty nursing service;
4. Services or items furnished for any sickness or injury occurring while the Covered Person is on active duty in the military;
5. Services or items furnished for any condition or accidental injury arising out of and in the course of employment, for which any benefits are available under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law or similar legislation, whether or not the Covered Person claims or receives benefits thereunder, and whether or not any recovery is had against a third party for resulting damages;
6. That part of any benefits which are covered or payable under any health, accident, or other insurance policy, any other private or governmental health benefit system, or through any similar third party liability;
7. Services or items furnished prior to January 1, 1970, or prior to the period for which the patient presents evidence of eligibility for coverage;

GENERAL INFORMATION

8. Services or items furnished after the last day of the month in which the patient ceases to be eligible for coverage;
9. Any services or items furnished for which the Provider does not normally charge;
10. Any admission, service or item requiring Prior Authorization, where authorization has not been obtained or has been denied;
11. Services furnished by an immediate relative or member of the covered person's household.

109. CONFIDENTIALITY OF RECORDS

All individual medical records of covered persons acquired under this Program shall be confidential and shall not be released without the written consent of the covered person or his personal representative. This shall not preclude the release of statistical or summary data or information in which covered persons are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, Contractors and State or local official agencies.

110. UTILIZATION OF INSURANCE BENEFITS

Health, hospital, workmen's compensation, or accident insurance benefits shall be used to the fullest in meeting the medical needs of the covered person. Supplementation of available benefits shall be as follows:

1. Title XVIII

The Program, in most instances, shall cover the amount of any deductible or co-insurance liability under Title XVIII of the Social Security Act for all covered persons 65 years of age or older.

2. Workmen's Compensation

No Program payments shall be made for a patient covered by workmen's compensation.

3. Other Health Insurance

When a covered person has other health insurance, the Program requires that such benefits be used. Supplementation shall be made by the Program when necessary, but the combined total shall not exceed the amount payable under the Program in the absence of other coverage.

GENERAL INFORMATION

111. MEDICAL REVIEW AND EVALUATION (by Local Medical Assistance Units)

Under the provisions of Federal and State Law, the Division of Medical Assistance and Health Services must provide for continuing review and evaluation of the care and services provided in the Program. This will include review of utilization of services of practitioners and other providers.

112. PROVISION FOR APPEALS - FAIR HEARING

All providers of service or covered persons will be given the opportunity for a fair hearing concerning grievances arising from the claims payment process.

113. FRAUD

The State Agency will establish and maintain methods for identifying situations in which a question of fraud in the program may exist, and referring to law enforcement officials situations in which there is valid reason to suspect that fraud has been practiced.

114. CIVIL RIGHTS

Federal regulations require that services provided to covered persons are given without discrimination on the basis of race, color, religious belief, or national origin. Therefore, payments are limited to providers of service who are in compliance with the non-discrimination requirements of Title VI of the Civil Rights Act.

115. OBSERVANCE OF RELIGIOUS BELIEF

Nothing in the Program shall be construed to require any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under the Program for any purpose (other than for the purpose of discovering and preventing the spread of infection or contagious disease or for the purpose of protecting environmental health) if such person or his parent or guardian objects thereto on religious grounds.

CHAPTER II

HEARING AIDS

200. HEARING AIDS

This Chapter is concerned only with hearing aids listed in Chapter IV of this Manual. It is not concerned with Speech and Hearing Therapy which is covered in Chapter II - Physicians Manual, nor with any other type of orthotic appliance.

201. Definition

Otologist - An Otologist is a physician who limits his practice to the specialty of diseases of the ear, nose and throat or diseases of the ear and who qualifies as a specialist according to the following conditions:

1. List Specialist - Section 202.3, Physicians Manual.

201.2 Audiologist - An audiologist is a person who has completed the academic requirements and, by such, has received the Certificate of Clinical Competence in Audiology from the American Speech and Hearing Association, as being proficient in the measurement of acuity and range of hearing by use of scientific instruments designed for that purpose.

201.3 Audiogram - An audiogram is a graphic record (chart) which shows the variations of auditory acuity of a person as indicated by the audiometer.

201.4 Audiometer - An audiometer is a scientifically calibrated instrument used for accurately measuring range of hearing as well as acuity. It should meet the ISO Calibration Specifications for puretone air and bone conduction threshold testing and have a speech circuit.

201.5 Hearing Aid - For purposes of the Health Services Program, a hearing aid is considered to be a scientifically designed orthotic appliance specifically used to increase both the acuity and range of

in persons who have a significant and treatable degree of impaired hearing.

202. Eligible Providers

Reimbursement for hearing aids shall be made only to providers who are eligible to participate in the New Jersey Health Services Program in accordance with the following criteria:

A. The provider must have been an established hearing aid dealer in New Jersey for a period of at least two years prior to 1-1-71.

(1) Any hearing aid dealership established after 1-1-71 must be actively engaged in the sale and fitting of hearing aids for a period of one year at an established place of business.

B. Must be a franchised dealer or distributor of a nationally known line of hearing aid products.

C. Out-of-state hearing aid dealers must meet the above qualifications in the respective states in which their businesses are established.

203. Prescription Policies

203.1 Hearing aids require a personally signed and dated order (Rx) or report by a qualified specialist (Otologist).

203.2 The Rx must include the following:

1. The patient's name, age, HSP Number, patient person number and
2. A complete history and physical examination of the ear, nose and throat with a relevant diagnosis supporting the need for a hearing aid, (The term "deafness" is unacceptable) and
3. Detailed (meaningful) description of the hearing aid ordered, (including any contra-indications for an air conduction instrument). (The term "hearing aid" alone is unacceptable.)

- EXAMPLE: (a) Preferred ear
- (b) Style (body, head, etc.)
- (c) Acoustic specification
- (1) Acoustic gain
- (2) Maximum power output
- (3) Frequency response
- (d) Type of earmold
- (e) Special fitting notes

NOTE 1. Binaural hearing aids will be considered only for children attending school, or for an eligible adult recipient who is gainfully employed or who is likely to be employed if a binaural hearing is provided.

2. Hearing aid eyeglasses will be considered only for eligible recipients in medical need of both a hearing aid and eyeglasses simultaneously and who do not already possess eyeglasses.

4. A legible and meaningful audiogram performed by either a qualified otologist or qualified audiologist, and signed accordingly (See Section 203.3 - Audiogram). The hearing aid evaluation shall include testing with at least three different hearing aids.

203.3 Audiogram - A report of the audiologic examination for consultant review will be accepted only on the form prescribed by the New Jersey Health Services Program. (See "Audiologic Examination Form [OMA-6] Chapter IV). These forms will be supplied on request by writing to the Division of Medical Assistance and Health Services, Post Office Box 2486, Trenton, New Jersey 08625.

204. Prior Authorization

204.1 The provider, upon receipt of an acceptable prescription with an accompanying audiogram (See Sections 203.1, 203.2 and 203.3 - Rx Policies), will submit

with the Rx and audiogram attached, his detailed breakdown of the aid ordered to the Local Medical Assistance Unit, on Medical Supplies and Equipment Form (MC- ?). This breakdown will include the following information:

1. Manufacturer and model of the aid.
2. Serial Number
3. Number of batteries and type
4. Type of custom earmold
5. If indicated by the model, 2 cords, receiver number and hearing aid garment.
6. Information as to whether patient has ever worn an aid.
7. If so, state reason for change.

NOTE: A free field speech test is required when the otologist or clinical audiologist recommends replacement of a hearing aid currently in use with an instrument of different specifications. The report is to include the SRT and discrimination scores for both the new and the old instruments.

8. Location of patient (Extended care facility, skilled nursing home, intermediate care facility, B.I.S., home, etc.)

Upon receipt of this information at the Local Medical Assistance Unit, the Local Medical Consultant will review the medical data and sign Prior Authorization Form 33030 in the appropriate space, if approved. The Local Medical Assistance Unit, after completion of pertinent information on Form 33030, will retain one copy for its files and forward two copies to the provider.

The provider, upon approval from the Local Medical Assistance Unit and delivery of the instrument to the recipient with the recipient's signature, will obtain certification from the prescribing physician as

to compliance with the physician's specifications for the aid. The provider will then forward the completed Claim Form (MC- ?) to the contractor (See Chapter III - Billing Procedures.)

EXCEPTION; It shall be considered mandatory that all recipients over the age of 75 (or at the discretion of the consultant for any age), who have never worn an aid before, but who have been prescribed such an appliance, shall receive a 30-day trial period with the specified instrument prior to final authorization to determine if the patient will or is able to use the aid and it is of benefit. In this instance, it shall be incumbent upon the provider to obtain certification from the prescribing physician, in writing, which will then be forwarded to the Local Medical Assistance Unit for review (See Chapter III - Billing Procedures).

204.2 Repairs and Replacement of Parts

All repairs and replacement of parts on current instruments in use by recipients, require a personally signed and dated order by the prescribing physician attesting the need for such repair and/or replacement of parts (See Section 203.1 - Rx Policies) and must include the necessary information required in Section 203.2 except for item 4 (Audiogram). If, however, any alterations in specifications for parts replacement are in variance with the specifications on the original instrument, an audiogram must accompany the order for such replacement of parts with the reason(s) for the change.

Batteries

Replacement of batteries require prior authorization and are provided as a 3-months' supply. They do not, however, require a signed and dated Rx by the prescribing physician.

204.3 New Instruments

Accompanying each new previously authorized hearing aid, the provider will supply the following:

1. A new instrument
2. A custom earmold
3. A 3-months' supply of batteries
4. Cord(s)
5. Garment bag and any other accessory normally supplied with a hearing aid.
6. The manufacturers' guarantee and a service warranty (See Section 206 - Guarantee/Warranty).

205. Physician's Certification

Claims submitted for payment of hearing aids must be signed in Section _____ of Medical Supplies and Equipment Claim Form (MC- ?) by the prescribing physician, certifying the quality, fit and conformance to specifications of the appliance dispensed.

206. Guarantee / WarrantyHealth Services Program

It is the responsibility of the provider to verify recipient eligibility. Payment cannot be made for ineligible recipients. Therefore, an authorization, per se, for any service(s) provided guarantees payment only if current eligibility is established. (See Chapter I, Section 101, for instructions on identifying current eligibility.)

EXCEPTIONS:

1. If the instrument (including repairs or replacement of parts on an existing hearing aid) has been authorized but not received by the recipient, during the period of the recipient's eligibility, reimbursement to the provider will be allowed for the earmold only.

2. If death or other circumstances (i.e. moving out of state) involving the recipient over which no one may have control, reimbursement will be made for a new instrument if it had been previously authorized prior to death (or other circumstance); or, if in the case of repair or replacement of parts on a current instrument, reimbursement will be made in an amount consistent with the stage of completion of such repairs, or if completed, reimbursement will be made for the completed repairs consistent with the Program's schedule of allowances.

Provider

For a new instrument, the provider shall submit a unit price for each complete item and shall include:

1. The manufacturer's name and model number of the hearing aid, serial number, number of batteries and type, type of custom earmold, cord(s) (if indicated by the model), receiver number and hearing aid garment.
2. Delivery of the instrument to the recipient within 21 calendar days of receipt of authorization by the provider from the Local Medical Assistance Unit. If it is not possible to supply the instrument within the stated time, the provider shall notify the Local Medical Assistance Unit that such time limit cannot be met in a particular case and state the reason(s) why. Liability for delinquency thereupon becomes a judgmental factor within the Local Medical Assistance Unit which will act accordingly.
3. Provision that all instruments furnished by the provider will conform to the prescriber's Rx as set forth in

Section 203.2 (Rx Policies), will fit properly to the extent that the recipient's condition(s) permit and will provide efficiency and comfort consistent with the condition(s) of the recipient for whom the instrument is prescribed.

4. Assumption of liability for material defects over which they have, or should have, control.

EXCEPTION: Structural material defects over whose production, testing, inspection, etc., the provider has no control.

5. Agreement to accept return of an instrument, or part thereof, when the prescribing physician, after appropriate evaluation of the instrument, determines that the instrument does not conform to the prescription, does not fit properly, is not of acceptable quality and comfort consistent with the condition(s) of the recipient for whom it was prescribed.
6. Provide an unconditional guarantee as to material and workmanship for one year from date of delivery to and acceptance by the recipient; and
 - (a) Provide a manufacturer's service warranty from the second through the fifth year; and
 - (b) Provide, during the year 2 through year 5 warranty period, appropriate service (including a loaner instrument of comparable performance in good working order) through the Manufacturer's Overhaul, Reconditioning or Extended Guarantee Policy.

If it is found that either material or workmanship or both are defective, then the provider shall be allowed a reasonable opportunity to make such adjustments and/or corrections or replacement that may be necessary to allow/acceptance of the instrument as indicated in Item 5 without additional charge to the Program.

EXCEPTION: This warranty does not apply to corrections and/or conditions incidental to alterations or changes in the recipient's physical condition or misuse, abuse, or alteration in an instrument not supplied by the original provider.

7. Agreement that any controversies arising from the preceding 6 items shall be resolved by arbitration of a special committee appointed by the Director, Division of Medical Assistance and Health Services, and consisting of personnel not involved in the case originally. The opinions of this committee shall be binding on all concerned (the Division, provider, prescribing physician, audiologist, recipient).
8. Acceptance of any action, punitive or otherwise, by the Division of Medical Assistance and Health Services resulting from recommendations of the special committee appointed to resolve controversies as indicated in Item 7.

207. Standing Committee

The Director, Division of Medical Assistance and Health Services, shall appoint a standing committee to review, alter and update these guidelines in the light of operational experience and this committee shall meet at least annually to perform its assigned responsibility.

208. Basis of Payment

Reimbursement shall be on the basis of the customary charge, not to exceed an allowance determined reasonable by the Commissioner, Department of Institutions and Agencies, and further limited by federal policy relative to reimbursement of practitioners and other individual providers. In no event shall the allowance exceed

the charge by the provider to other governmental agencies, or other groups or individuals in the community.



Department of Institutions & Agencies
 Division of Medical Assistance & Health Services

FREQUENCY

Hearing Level

Pure Tone Audiogram	250	500	1000	2000	4000	8000
Right Air Conduction						
Right Bone Conduction						
Left Air Conduction						
Left Bone Conduction						

Average Level from 500-2000 Hz					
Air	R	dB	Bone	R	dB
	L	dB		L	dB
AUDIOMETER CALIBRATED TO: ISO: 1964 <input type="checkbox"/> ASA: 1951 <input type="checkbox"/>					

2. Speech Audiometry:

A. Speech Reception Thresholds (SRT):

	Right Ear	Left Ear	Binaural
dB			

B. Discrimination: _____ %

Sound field binaural at about 55dB

Unaided _____ %

With Hearing Aid _____ %

3. Results of Tests for Non-organic (Functional) Hearing Loss or Malingering (if indicated) _____

4. Sound Localizing Problems _____

5. Results of Tests for Recruitment (if indicated) _____

6. Are there any social or emotional problems present as a result of the hearing impairment? Describe _____

7. General ability of patient to manipulate and care for an aid _____

8. Presence or lack of motivation to use an aid _____

9. Has patient ever worn an aid before? _____

10. Is patient in skilled nursing home? _____

11. Is patient confined to wheel chair? _____ Bed? _____

Responsible Audiologist _____

Address _____

Date _____

CHAPTER III

BILLING PROCEDURES - HEARING AID MANUAL

300. BILLING PROCEDURES

This Chapter contains basic information necessary for the submission of a claim. Included is a sample claim form approved for use in submitting bills for covered items or services, and appropriate instructions for the proper completion of the form.

301. GENERAL POLICY

A. New Instruments

Claims should be submitted for payment following

- (1) delivery and acceptance of the instrument to the recipient and
- (2) physician's certification as to the quality, fit and conformance to specifications of the instrument provided.

B. Repair and/or Replacement of Parts

- (1) Claims for repairs and/or parts replacement require prior authorization and should be submitted for payment following completion of the authorized repairs and/or replacement of parts and delivery and acceptance of the repaired instrument to the recipient.
- (2) Batteries - Replacement of batteries require prior authorization and are provided as a 3-months' supply. They do not, however, require a signed and dated Rx by the prescribing physician.

302. PATIENT IDENTIFICATION

Verify that the patient is a covered person on the first visit and each visit thereafter. This is done by viewing the patient's Validation Form (See Section 101) which is issued on the first day of each month. It is especially important to review a patient's Validation Form on each visit when extended plans of treatment have been authorized. Prior authorization is no guarantee that the individual is covered.

303. PRIOR AUTHORIZATION

Items or services requiring prior authorization should not be provided until prior authorization is received (See Section 204.1). When submitting claims for payment make certain the Medical Supplies and Equipment Claim Form (MC-11) has been properly signed in the following sections:

Section 13 - Patient Certification
Section 14 - Provider's Certification

and attached to the Claim Form are (a) completed Prior Authorization Form 33030 and (b) Physician's Certification.

To assure prompt claim consideration, always furnish the prescribing physician's name and Social Security Number.

304. COMBINATION MEDICARE/MEDICAID CLAIMS

There will be many patients who also have Medicare Supplementary Medical Insurance benefits (Part B). In such cases, the Medicare Claim Form (SSA-1490) should be used in place of the Medical Supplies and Equipment Claim Form (MC-11). In this instance, it will be necessary to attach to the SSA-1490, a completed Prior Authorization Form 33030 (See Section 204.1 - Prior Authorization).

NOTE: In cases where prior authorization is required for the Health Services Program, it must be obtained and submitted with the Medicare claim. Medicare Claim Form (SSA-1490) may be obtained on request from Prudential.

305. Requests for Authorization and Other Reports

305.1 Mailing Instructions

The first two digits of the recipient's Health Services Program Identification Number indicate the Local Medical Assistance Unit having jurisdiction. Requests for authorization and any other reports required by the Local Medical Assistance Unit are to be sent to the Unit indicated.

N.B. Inquiries concerning eligibility and applications for eligibility are to be sent to the County Welfare Board of patient's residence.

Directory of Local Medical Assistance Units

<u>County Code</u>	<u>County</u>	<u>Street Address</u>	<u>Municipality</u>	<u>Zip Code</u>	<u>P.O. Box</u>	<u>Telephone</u>
01	Atlantic (
05	Cape May (	1601 Atlantic Ave.	Atlantic City	08404	1970	609-344-2861
02	Bergen	90 Main Street	Hackensack	07601	813	201-488-5667
03	Burlington	50 Rancocas Rd.	Mt. Holly	08060	607	609-261-0448
04	Camden	709 Market St.	Camden	08101	19	609-365-3926
06	Cumberland	7 East Broad St.	Bridgeton	08302	440	609-451-6550
07	Essex	505 S. 15th St.	Newark	07103	1576	201-648-3700
08	Gloucester (
17	Salem (	10 Harrison St.	Woodbury	08086	1900	609-845-7185
09	Hudson	100 Newkirk St.	Jersey City	07306	8216	201-792-6390
10	Hunterdon (
18	Somerset (	79 Main St.	Flemington	08822	19	201-782-1130
21	Warren (
11	Mercer	205 E. State St.	Trenton	08625	2465	609-292-7315
12	Middlesex	75 Paterson St.	New Brunswick	08903	1274	201-246-0653
13	Monmouth	320 Broad St.	Red Bank	07701	778	201-842-6440
14	Morris (
19	Sussex (	6 Court St.	Morristown	07960	425M	201-267-1700
15	Ocean	952 President Ave. Apt. #1	Toms River	08753	1005	201-341-0804
16	Passaic	152 Market St.	Paterson	07509	2863	201-523-2800
20	Union	7 Bridge St.	Elizabeth	07201	776	201-355-8860

BILLING PROCEDURES

306. MEDICAL SUPPLIES AND EQUIPMENT, PROSTHETICS, ORTHOTICS AND DEVICES (MC-11)

This form is to be used for the purpose of billing for medical supplies and equipment. THIS FORM MUST BE ACCOMPANIED BY A SIGNED AUTHORIZATION FORM, WHEN REQUIRED, BEFORE IT MAY BE CONSIDERED FOR PAYMENT.

306.1 Instructions for Completion of Form MC-11 (See Exhibit)

- 1-4 NAME, ADDRESS, CASE NO. and PERSON NO. - Copy Patient's Name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly Validation Form. (See Section 101.)
- 5-6 Self Explanatory
- 7-8 Leave Blank
- 9 Name and Address of Provider - (This information may be preprinted)
- 10 A. Enter date provided
- B-C. Enter item number and description of items furnished. IN ADDITION TO THE DESCRIPTION, USE OF SUPPLY CODES, DESCRIBED IN CHAPTER IV, ALSO IS REQUIRED. THESE COPIES MAY ALSO BE USED FOR MEDICARE CLAIMS.
- D. Quantity
Enter charge for each service or procedure.
- E. If the equipment is rented, check block (10E) to identify the item as being rented and enter the charge for only the rental period billed.
- F. Enter charges
- 11 PRESCRIBING PRACTITIONER - Give the NAME and Social Security Number of the physician or practitioner prescribing the equipment or supplies.
- 12 LONG TERM CARE - If the patient is confined to a long term facility such as an Extended Care Facility or a Skilled Nursing Home check the appropriate block and give the name and address of the facility in the space provided.
- 13-14 CERTIFICATIONS - The patient or his authorized representative and the Provider MUST sign and date their respective certifications before the claim may be considered. The statement should be read to a patient who signs by mark, and witnessed by a person who knows the patient. Enter the name and address of the witness. If the patient is a minor, or cannot sign because of his physical or mental condition, a parent or guardian should sign and indicate relationship.

BILLING PROCEDURES

306.2 Mailing Instructions

Mail the Original Copy (Contractor's Copy) together with any authorization forms (where appropriate) to:

The Prudential Insurance Company of America
P. O. Box 1900
Millville, New Jersey 08332

Retain the second copy (Provider Copy) for your records.

CHAPTER IV

PROCEDURE CODES AND DESCRIPTION

Page

Chapter IV
Hearing Aid Manual
New Instruments

Code No

Instrument

Acousticon

B.T.E. A-640

A-645

A-645HP

A-670AGC

A-670ATC

A-670SP

A-670T

A-680FM

A-695

A-690

eyeglass A-970C

A-975

A-990Std.

A-990SP

A-995

Body A-720

Body A-770G (Air Rec.)

A-770G (Bone Rec.)

A-770S (Air Rec.)

A-770S (Bone Rec.)

A-755

Code No.

Instrument

Audiotone

Eyeglass Model 10

Model Super 10X

Model B-210

Model B-211

B-214

B-215

B-216

B.T.E. A-11

A-12

A-14

A-15

A-16

A-17

A-18SST

A-20

Body C-400

C-401

Audivox

Eyeglass #79

#86 Monaural

Binaural

#103 Mon.

Bi

Bi-cros

Cros

Code No.

Instrument

#106 Mon.
Bi
B.T.E.:#92
#101
#104
#105
Body #107,108, or 109
with #8 Rec.
with #9C Rec.
with Bone Rec.

Beltone

Eyeglass - Vocale - Mon.
Bi
Tempo - Mon.
Bi
Frontear - Mon.
- Bi
Crescendo - Mon.
- Bi
Chorale - Mon.
- Bi
Vibrato - Mon.
- Bi
Rondo - Mon.
- Bi

Code No.

Instrument

Beltone

B.T.E. Andante - Mon.
- Bi
Cantata - Mon.
- Bi
Cantata White Dot - Mon.
Bi

Body Empire
Futura
Largo
Super Largo

Maico

Body -Model CJ
CC
BX
BTE BK
BL
C-I
BZ
CE
CF
CH

Eyeglass

BF
BQ
BW
CD

Code No.

Instrument

Norelco

BTE KL6710

KL6720

KL6730

KL6781

HP8220

HP8221

HP8222

Body HP8110

HP8112

HP8113

HP8114

HP8117

HP8122

HP8123

HP8125

HP8130

Eyeglass HP8293/07 or /17

HP8293 Binaural

Oticon

Body 370PP

370AVC

370S

370U

370PC

370E

Code No.

Instrument

Oticon

370VT

371PP

371LDC

TP-64

BTE 560PP

560S

560E

565S

565U

565PC

565 AVC/LDC

565UX

565SX

580S

580U

580PC

580UX

567U

567PC

567UX

591U

591PC

591UX

Eyeglass 8354

835S

835PC

Code No.

Instrument

Oticon

835 AVC/LDC

835 VX

CROS FITTING

BI-CROS FITTING

RADIOEAR

BTE MODEL 990

MODEL 1000

Body MODEL 980

MODEL 980A

940

931

Eyeglass 930 Cros

930 Bi-Cros

930 Mono.

930 Bin.

900 Mono.

900 Bin.

900 Cros

900

SIEMENS

BTE 361KT

380LG

382AVC

Cost No.

Instrument

Siemens

383CA

384SL

385CPC

389HF

Body 392

394

Eyeglass H15 Mon

H15 Bi

SONOTONE

Eyeglass #40

75-II

35

BTE 37

55

76

72

Body 45E

45C

600VE

600XC or XE

600C or E

VICON

BTE Vicon OE-45

OE-85

OE-90

Cost No.

Instrument

Vicon

OE-95

OE-123

OE-124

OE-125

OE-126

Cambridge "Cownette"

Eyeglass T-82

T-83

T-105

T-106AVC

T-120

Cambridge "Confidant"

Body M-8B

M-40

M-50

S-2

S-3

WIDEX

Body # 1

7

29

40 Spec.

40 Super

45

46

Cost No.

Instrument

Widex

Body 60

BTE 17

33

34

35

36

37

38

42

43

44

50

52

54

55

70

71

72

74

77

100

101

102

103

Eye-glass 19

48

Cost No.

Instrument

Widex

73

75

76

78

ZENITH

BODY

E.L.P.A.

E.L.P.A. White Dot

Crusader II

Award

Courier

Royal Crusader

Royal Regent

Super Extended Range II

Vocalizer II

Heritage

BTE

Westwood A or B

Director A or B

Emblem

Moderator A & B

Pacemaker

Pacemaker XRT

Coronation

Eyeglass

Newport

Carlyle A or B

Embassy

Governor

Oxford

Holiday

Emissary

ACCESSORIES

AUDIVOX

Hearing Aid Cords

Air Conduction Receivers

Bone Conduction Receivers

9C Receiver (Special High Frequency Rec.)

NORELCO

Receivers

PH1S, PH5, PH6, PH8

PH7, PH71

PHF, PH72, PH73, PH75, PH78

PHP

PH77

Cords

20 Inch or 32 Inch

RADIOEAR

Cords

Regular Cords or CROS Cords

"Y" Cords

Receivers

M-98, M-99

B-98

ZENITH

Air Conduction Receivers

C-1, C-5

D-1

All T, R, Y, M series

Bone Conduction Receivers

All

Cords

96" 21,000 or 23,000 Series

All other sizes 21,000 or 23,000 Series

96" 49,000 or 67,000 Series

All other sizes 49,000 or 67,000 Series

All 43,000 Series & 41,000 Series

96" 48,000; 78,000 series

All other sizes 48,000 & 78,000 Series

All 73,000; 51,000; 80,000 Series

All 19,000; 22,000; 23,000 Series

Garment Bags

#189-335 (Childs Double Carries Shoulder Strap)

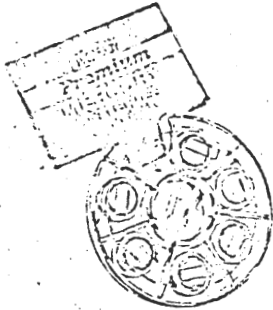
all others

EFFECTIVE
JUNE 1, 1970

MALLORY HEARING AID BATTERIES

MALLORY NUMBER	VOLTAGE	STANDARD PKG. QTY.	UNIT PKG. QTY.	LIST PRICE EACH	LIST PRICE PER UNIT PKG.
STANDARD MERCURY (Single Cell)					
RM-1H	1.4	4	4	\$.85	\$3.40
RM-3H	1.4	4	4	1.35	5.40
RM-4H	1.4	4	4	1.65	6.60
RM-10H	1.4	10	2	1.50	3.00
RM-15H	1.4	60	6	.40	2.40
RM-16H	1.4	60	6	.40	2.40
RM-212H	1.35	60	6	.30	1.80
RM-312H	1.35	60	6	.40	2.40
RM-402H	1.4	60	5	.40	2.40
RM-452H	1.4	20	2	.75	1.50
RM-450H	1.4	40	4	.65	2.60
RM-502H	1.4	10	2	1.25	2.50
RM-520H	1.4	60	6	.10	2.40
RM-575H	1.4	60	6	.40	2.40
RM-525H	1.4	40	4	.60	2.40
RM-630H	1.4	40	4	.60	2.40
RM-640H	1.4	20	4	.75	3.00
RM-675H	1.4	60	6	.475	2.85
MP-675H	1.4	60	6	.495	2.97
STANDARD MERCURY (Multiple Cell)					
TR-B	1.4	10	2	1.50	\$3.20
TR-10	1.4	10	2	1.40	2.80
TR-11	7.0	10	2	2.50	5.00
TR-12	2.8	10	2	2.10	4.20
TR-12L	2.8	10	2	2.10	4.20
TR-13	2.8	10	2	1.60	3.20
TR-13L	2.8	10	2	1.60	3.20
TR-133	4.2	10	2	2.10	4.20
TR-140	1.4	10	2	2.10	4.20
TR-141	1.4	10	2	2.10	4.20
TR-144	5.6	10	2	2.50	5.00
TR-152	2.8	20	2	1.35	2.70
TR-163H	4.2	10	2	2.10	4.20
No. 806	7.0	1	1	3.00	3.00
ALKALINE					
Mn-1500 "AA"	1.5	24	4	\$.60	\$2.40
Mn-2400H "AAA"	1.5	24	2	.60	1.20
Mn-9100H "N"	1.5	24	2	.60	1.20
SILVER OXIDE					
MS-13H	1.5	60	6	\$.45	\$2.70
MS-41H	1.5	60	6	.45	2.70
MS-212H	1.5	60	6	.30	1.80
MS-312H	1.5	60	6	.425	2.55
MS-75H	1.5	60	6	.525	3.15
ZINC-CARBON "A"					
M-15R	1.5	24	4	\$.25	\$1.00
M-910H	1.5	96	6	.15	.90
EP-921H	1.5	20	5	.50	2.50
ZINC-CARBON "B"					
MALLORY NUMBER				LIST PRICE EACH	VOLTAGE
M-208				\$1.50	15.0
M-215				1.75	22.5
M-210				1.95	30.0
M-304				1.50	15.0
M-505				1.75	22.5
M-505				3.25	30.0
M-507				2.25	20.0

MALLORY BATTERY COMPANY
 1000 WEST 10TH AVENUE
 DENVER, COLORADO 80202



"Eveready" Batteries
 ... for better hearing.



HEARING AID BATTERIES

Price Schedule

Subject to change without notice; orders will be accepted
 at prices in effect at time of delivery.

SILVER OXIDE BATTERIES									
Catalog Number	Voltage	Price Each	Std. Pkg. Quan.	Weight Std. Pkg. Lbs.	Price Per Std. Pkg.	Quan. Unit Pkg.	Weight Unit Pkg. Oz.	Suggested Retail Prices (Each)	Catalog Number
S13E	1.5	\$0.24	60	0.3	\$14.40	6	1/3	\$0.45	S13E
S41E	1.5	0.24	60	0.5	14.40	6	1 1/4	0.45	S41E
S76E	1.5	0.285	60	0.6	17.10	6	1 1/4	0.525	S76E
S312E	1.5	0.23	60	0.3	13.80	6	1/3	0.425	S312E
MERCURY BATTERIES									
E1	1.4	\$0.45	4	0.3	\$ 1.80	4	1 1/4	\$0.85	E1
E3	1.4	0.73	4	0.5	2.92	4	4 1/4	1.35	E3
E4	1.4	0.87	4	0.5	3.48	4	6 1/4	1.65	E4
E12E	1.4	0.81	10	1.0	8.10	2	3 1/4	1.50	E12E
E13E	1.4	0.215	60	0.3	12.90	6	1/3	0.40	E13E
E41E	1.4	0.215	60	0.5	12.90	6	1 1/4	0.40	E41E
E120E	2.8	1.12	10	1.0	11.20	2	1 1/4	2.10	E120E
E122E	2.8	1.12	10	1.0	11.20	2	3/4	2.10	E122E
E132E	2.8	0.85	10	0.5	8.50	2	1 3/4	1.60	E132E
E132B	2.8	0.85	10	1.0	8.50	2	1 3/4	1.60	E132B
E133E	4.2	1.12	10	1.0	11.20	2	2 3/4	2.10	E133E
E140E	1.4	1.12	10	0.5	11.20	2	1 3/4	2.10	E140E
E152E	2.8	0.73	20	0.5	14.50	2	3/4	1.35	E152E
E163	4.2	1.12	10	0.8	11.20	2	2 1/2	2.10	E163
E212E	1.35	0.16	60	0.5	9.60	6	3/4	0.30	E212E
E312E	1.4	0.215	60	0.3	12.90	6	1/3	0.40	E312E
**E340E	1.5	0.0725	96	1.5	6.96	6	6	0.15	**E340E
E400E	1.4	0.215	60	0.3	12.90	6	1/3	0.40	E400E
E401E	1.4	0.40	20	0.5	8.00	2	3/4	0.75	E401E
E450E	1.4	0.35	40	0.5	14.00	4	3/4	0.65	E450E
E502E	1.4	0.63	10	1.0	6.80	2	2 1/4	1.25	E502E
E520E	1.4	0.215	60	0.5	12.90	6	1/3	0.40	E520E
E575E	1.4	0.215	60	0.4	12.90	6	1 1/2	0.40	E575E
E625E	1.4	0.32	40	0.6	12.80	4	1 1/2	0.60	E625E
E630E	1.4	0.32	40	0.6	12.80	4	1 1/2	0.60	E630E
E640E	1.4	0.40	20	0.5	8.00	2	1 1/2	0.75	E640E
E675E	1.4	0.2525	60	0.5	15.15	6	1	0.475	E675E
EP675E	1.4	0.25	60	0.6	15.60	6	1 1/4	0.495	EP675E

**Carbon Zinc

ALKALINE AND CARBON ZINC BATTERIES

Catalog Number	Size	Voltage	Price Each	Standard Package Quantity	Price Per Std. Pkg.	Weight Stand. Pkg. Lbs.	Suggested Retail Prices (Each)	Catalog Number
*E90E	N	1.5	\$0.30	24	\$7.20	0.7	\$0.60	*E90E
*E91	AA	1.5	0.39	24	9.36	1.2	0.60	*E91
*E92	AAA	1.5	0.39	12	4.68	0.3	0.60	*E92
*E93	C	1.5	0.52	12	6.24	1.7	0.80	*E93
*E95	D	1.5	0.65	12	7.80	3.5	1.00	*E95
D99	D	1.5	0.22	24	5.28	6.0	0.35	D99
912	AAA	1.5	0.13	12	1.56	0.3	0.20	912
1015	AA	1.5	0.155	24	3.72	1.0	0.25	1015
1035	C	1.5	0.22	24	5.28	5.0	0.35	1035

"MINI-MAX" BATTERIES

Catalog Number	Voltage	Price Each	Standard Package Quantity	Price Per Std. Pkg.	Weight Stand. Pkg. Lbs.	Suggested Retail Prices (Each)	Catalog Number
216	9	\$0.48	12	\$ 5.76	0.9	\$0.69	216
411	15	1.00	6	6.00	0.4	1.50	411
412	22½	1.17	12	14.04	1.0	1.75	412
413	30	1.30	12	15.60	1.3	1.95	413
420	22½	1.83	6	10.98	1.1	2.75	420
425P	22½	2.33	6	13.98	1.8	3.50	425P
430	30	2.17	6	13.02	1.3	3.25	430
455P	45	2.50	6	15.00	3.3	3.75	455P
504	15	1.00	12	12.00	0.6	1.50	504
505	22½	1.17	12	14.04	0.7	1.75	505
506	30	2.17	6	13.02	0.5	3.25	506
507	30	1.50	6	9.00	0.5	2.25	507

RECHARGEABLE NICKEL CADMIUM BATTERIES

B20	1.25	\$1.08	6	\$ 6.48	0.3	\$2.00	B20
B20T	1.25	1.20	6	7.20	0.3	2.25	B20T

*Alkaline

CAUTION:

Battery types B20 & B20T are the only secondary (rechargeable) batteries contained in this price schedule. All other types are not designed for recharging. Any attempt to recharge mercury or silver oxide batteries is potentially hazardous to the user. All warranties expressed or implied, are null and void on all battery types contained in this schedule, except types B20 and B20T, if such batteries have been subjected to any form of recharging.

DELIVERY TERMS

Shipments of one or more standard packages of hearing aid batteries will be made F.O.B. destination city via routing selected by us.

A 20% service charge will be made for less than standard package quantities.

ORDER ENTRY POINTS

ATLANTA
17 Executive Park Drive, N.E.
Atlanta, Ga. 30329
(404) 633-6161
(Extension 263)

BOSTON (Needham Heights)
300 First Avenue
Needham Heights, Mass. 02194
(617) 444-5400
(Extension 245)

CHICAGO
East
120 So. Riverside Plaza
Chicago, Illinois 60605
(312) 322-7480
West
120 S. Riverside Plaza
Chicago, Illinois 60605
(312) 322-7244

CLEVELAND
1300 Lakeside Ave.
Cleveland, Ohio 44114
(216) 621-4200
(Extension 314)

DALLAS
2710 Stemmons Freeway
Suite 600
Dallas, Texas 75207
(214) ME 8-2535

KANSAS CITY (Shawnee Mission)
Cleveland Bldg. 2
5901 W. 53rd St.
Shawnee Mission, Kans. 66202
(913) 382-2200 (Extension 59)

LOS ANGELES (El Monte)
P.O. Box 551
9330 E. Talstar Rd.
El Monte, Calif. 91734
(213) 579-0401

MEMPHIS
155 Madison Avenue
First National Bank Bldg.
Memphis, Tenn. 38103
(901) 526-7421

MINNEAPOLIS
324 N. First St.
Minneapolis, Minn. 55401
(612) 337-1215

NEW JERSEY (Cherry Hill)
1050 Kings Highway
Cherry Hill, N.J. 08034
(609) 667-3535

NEW JERSEY (Westwood)
P.O. Box 363
Westwood, N.J. 07675
(N.Y.) (212) 551-3320
(N.J.) (201) 664-7400

PORTLAND
1233 N.W. 12th Ave.
Portland, Oregon 97209
(503) 223-7175

SAN FRANCISCO
1 Calif.
San Francisco, Calif. 94111
(415) 982-1333
(Extension 409)

"EVERBAC" and "MINI-MAX" are registered trademarks of
The Discovery Company.
COMMON ENTIRETY BATTERY DIVISION

270 Park Avenue, New York, N.Y. 10017

Sales Offices: Atlanta, Boston, Cherry Hill, N.J., Chicago, Cleveland, Dallas, El Monte, Calif., Kansas City,
Memphis, Minneapolis, Portland, Ore., San Francisco, Westwood, N.J.

IN CANADA: Union Carbide Canada Limited, Toronto

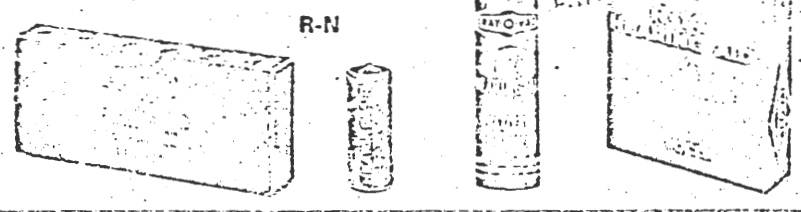
The Discovery Company

Hearing
is...
Part
of the
meaningful
life



ZINC CARBON AND ALKALINE

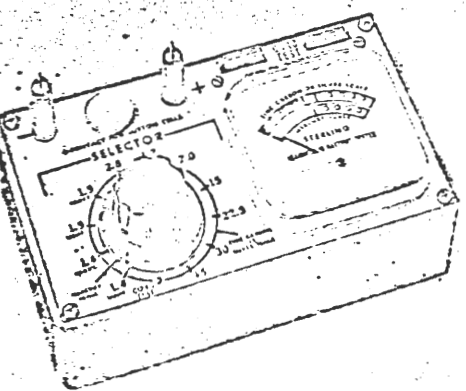
Available in 14 different numbers for virtually all other hearing aids.



STOCK NO.	INTERCHANGEABLE NUMBERS		M.A.N. RATING	VOLTAGE	DUR. UNIT	STD. PKG. QTY.	STD. PKG. WEIGHT	SU. EG. RETAIL EACH	FRANCHISE COST EACH		FRANCHISE COST PER STD. PKG.	
									IN UNIT PKG'S.	IN STO. PKG'S.		
ZINC CARBON												
R-N	M910H	E240E	1	1.5	2	24	1/2 lb.	\$.125	\$.075	\$.0825	\$ 1.50	
R-14	EP921H	—	2	1.5	5	20	2 1/2 lb.	.40	.24	.20	4.00	
13E	M-13R	1050	—	1.5	12	72	10 1/2 lb.	.30	.18	.15	10.00	
14E	M-14R	1005	—	1.5	12	72	10 1/2 lb.	.30	.15	.15	10.50	
15E	M-15R	1015	—	1.5	43	131	12 1/2 lb.	.25	.15	.165	24.00	
215	M-215	412	—	2 1/2	1	12	1 1/2 lb.	1.75	.03	.07	10.24	
220	M-204	504	—	1.5	1	12	1 1/2 lb.	1.50	.01	.74	3.85	
221	M-205	305	—	2 1/2	1	12	1 1/2 lb.	1.75	.90	.07	10.44	
1804	M-1804	216	—	1.5	12	72	10 1/2 lb.	.30	.44	.37	26.34	
ALKALINE												
21GE	MN3100H	E90E	—	5.00	1.5	24	24 lb.	.60	\$.395	\$.30	\$ 7.92	
813E	MN1300	E95	—	10000	1.5	5	43	13 1/2 lb.	.95	.755	.33	30.24
814E	MN1400	E93	—	5000	1.5	5	43	8 lb.	.75	.5975	.48	23.62
215E	MN1500	E91	—	1000	1.5	24	144	3 lb.	.60	4.075	.33	55.13
327E	MN2400H	E92	—	750	1.5	24	43	13 1/2 lb.	.60	4.375	.30	13.72

DELIVERY SPECIFICATIONS

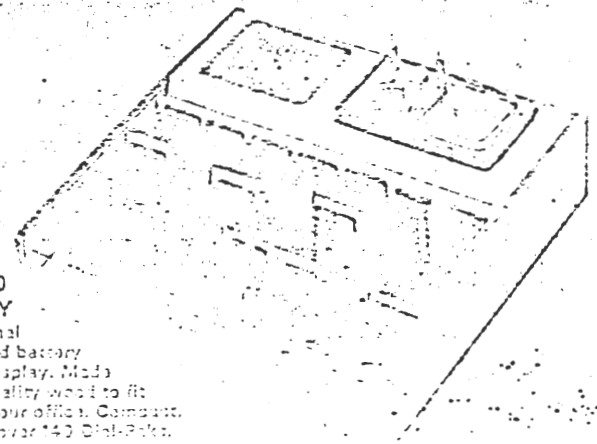
1. All orders for hearing aid batteries must be accompanied by a check for the correct amount.
2. A 2% cash discount will be allowed on all hearing aid batteries. Deduct the discount from the remittance check.
3. All hearing aid batteries will be shipped prepaid via mode of transportation selected by us.
4. Defective batteries will be adjusted on a no-charge replacement basis. All adjustments must be approved by Ray-O-Vac representative.



No. RH51 Battery & Cord Tester
This is a precision built instrument designed to test mercury, zinc carbon, and zinc air batteries. It tests button cells and non-button cells. The cord tester is specifically designed for testing continuity and shorting in two and three wire hearing aid cords.

MERCHANDISING AIDS

PERMA-STAMP
Now! ... a brand new Perma-Stamp for you to imprint your name and message on Dial-Paks. Speed literature...



No. H30 DISPLAY
Professional hearing aid battery counter display. Made of high quality wood to fit decor of your office. Compact, yet holds over 140 Dial-Paks. Dial-Paks stand up for better visibility. Same as the No. 3000 tester, except it has a coin slot and a display window. Lets customers easily identify batteries they need. Ask your Ray-O-Vac salesman how you can get yours.

RAY-O-VAC DIVISION

RAYOVAC HEARING AID BATTERIES

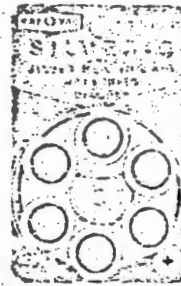
FRANCHISE PRICE SCHEDULE

WITH SUGGESTED RESALE PRICES
 PRICES SUBJECT TO CHANGE WITHOUT NOTICE
 FORM NO. AA-37B EFFECTIVE: MAY 12, 1969
 SUPERSEDES AND CANCELS PRICE SCHEDULE NO. BS-195B
 Dated January 1, 1969



SILVER-G

Silver Oxide Batteries with something extra... 24 carat gold coated terminal for perfect contact. Silver-G has more power per unit volume, higher voltage and better low temperature characteristics.



RS41G



RS76G



RS13G



RS312G

STOCK NO.	INTERCHANGEABLE NUMBERS		VOLTS	CAPACITY (mAh)	DIA. (mm)	HT. (mm)	STD. WGT. (gms.)	STD. WGT. (oz.)	SUCC. RETEN. EACH	FRANCHISE COST EACH		
										IN. UNIT PRICE	IN. STK. PRICE	
SILVER-G												
RS13G	MS-13H	S13E	28-33	70	1.5	3	60	3/16 lb.	.40	\$ 2875	\$ 215	
RS41G	MS-41H	S41E	28-33	110	1.6	3	60	4/16 lb.	.40	2875	215	
RS76G	MS-76H	S76E	28-33	150	1.6	3	60	4/16 lb.	.55	325	217	
RS312G	MS-312H	—	312	45	1.3	6	65	3/16 lb.	.375	2475	2025	



RP675



R-675



R-625



R-312

NEW!
 LONGER LIFE
 PREMIUM MERCURY
 BATTERY

MERCURY
 Proven high quality combined with true convenience packaging. R675 and R312 give high performance at all temperatures.

R-401

Hearing is... Part of the tender life

STOCK NO.	INTERCHANGEABLE NUMBERS		VOLTS	CAPACITY (mAh)	DIA. (mm)	HT. (mm)	STD. WGT. (gms.)	STD. WGT. (oz.)	SUCC. RETEN. EACH	FRANCHISE COST EACH		
										IN. UNIT PRICE	IN. STK. PRICE	