SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

Children and Youth with Special Health Care Needs (CYSHCN)

Hearing Aid Battery Request

Client: _____

DOB: _____ **MCI#:** _____

Medicaid#: _____ **Medicaid Plan:** _____

Indicate with a (✓) if client has Left, Right or Both Hearing Aids: **Lt** ☐ **Rt** ☐ **Both** ☐

Left Hearing Aid: _____

(Manufacturer and Model Number)

Right Hearing Aid: _____

(Manufacturer and Model Number)

Battery Size: _____ *(Do Not Indicate How Many Hearing Aids)*

Home Address: _____

_____

City: _____, South Carolina

Zip Code: _____ - _____

Phone Number: _____

Submitted by: _____ **Date:** _____

Hearing Aid Battery Requests are sent to one of the following:

Email:	Fax:	Mail:
cyshcn-hearing@dph.sc.gov	(803) 898-0613	Admin Asst - Hearing SC DPH - CYSHCN Mills/Jarrett Complex 2100 Bull Street Columbia, SC 29201
		☐ Check if return postage is needed

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Instructions for Completing 4332-ENG-DPH

Purpose: This is the standard tool used to request hearing aid batteries provided to CYSHCN clients.

Users: This tool will be utilized by CYSHCN staff, external providers, parents and/or clients.

Item-by-Item Instructions:

Individual completing the request will:

1. Enter the name of the individual being referred for hearing aid batteries;
2. Enter the date of birth of the individual being referred;
3. Enter the individual's DPH medical record number;
4. Enter the individual's Medicaid number;
5. Enter the individual's Medicaid plan;
6. Mark with an ✓ to indicate if the individual has left, right, or both hearing aids;
7. Enter manufacturer and model number for left and/or right hearing aid(s);
8. Enter battery size;
9. Enter the individual's home address;
10. Enter the individual's phone number;
11. Enter the name of who is submitting this form;
12. Enter the date of the submission;
13. Submit the form to DPH CYSHCN Central Office via email, fax, or mail at the contact information provided.

Office Mechanics and Filing: This completed form should be sent to CYSHCN Central Office staff to be manually entered into the CYSCHN Battery Log and securely stored for an audit period of 30 days after the quarterly report is submitted to patient billing. An ARM11 destruction request should be submitted and approved prior to disposal of the paper records. Input/Source Documents (14097) record retention applies. This form is not filed or scanned in the DPH medical record.