



Instructions for the Red Card Assistance (RCA) Program

To qualify, you must have:

- Active MO HealthNet (Missouri Medicaid) insurance
- Hearing loss in both ears
- Not have received a discounted hearing aid from the Center in the last three (3) years

You will pay:

- \$25 at your first visit, which includes testing, counseling and making an earmold, which is necessary for you to be able to use a hearing aid
- \$75 at your first visit, or within 30 days of your first visit, for one brand-new hearing aid

What you need to do:

- Complete the RCA application and return the form to the Center.
- A Center staff person will call you to make your first appointment.
- Bring \$25 to your first appointment.
- At your first appointment, the audiologist will determine if you qualify for a hearing aid through the RCA Program.
- If you qualify, you will need to pay \$75 so that we can order your hearing aid. You can pay it at your first appointment or within 30 days. The sooner you pay, the sooner it can be ordered.
- When you pay \$75, you will be given an appointment to pick up your new hearing aid. It may take two to three weeks for your customized hearing aid to arrive.
- If your hearing test shows that you are not eligible for a \$75 hearing aid, the audiologist will explain why and talk to you about other options.

Thank you for choosing the Center for your hearing health care needs.

Revised 3/10/2021

Approved? Y or N

Staff initials: _____

APPLICATION FOR RED CARD ASSISTANCE (RCA) PROGRAM

To apply for Red Card Financial Assistance, please complete all the steps below. Incomplete applications will not be considered.

Proof of active MO HealthNet coverage is required to be considered for this program, although Medicaid will not be paying for your services.

Date of application: _____ Medicaid #: _____

Name: _____ Birth Date: _____

Guardian's name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Check the service for which financial assistance is requested:

Hearing Evaluation Hearing Aid Hearing Consultation (If you've already had a hearing test, please attach a copy to this form.)

Have you ever received a hearing aid from Center for Hearing and Speech? Yes No

If yes, how long ago? _____ (Hearing Aid Assistance is only available every three years.)

How did you hear about Center for Hearing & Speech? _____

What is the total household monthly income? _____ (include paychecks, social security, pension, child support, alimony, etc. for ALL members of the household)

How many adults live in the household? _____ How many children live in the household? _____

By signing below, I attest that the information above is correct to the best of my knowledge.

Signature of client or guardian

Date

Mail completed form to:
Center for Hearing & Speech
Finance Department
9835 Manchester Road
St. Louis, MO 63119

OR

Fax to:
314-968-4762
Attention: Finance Department

You will receive a phone call within 10-15 business days to set up an appointment.

If you have any questions, please contact us at 314-968-4710.