



## 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 gotten a hearing aid from the Center in the last four (4) years

### You will pay:

- **\$25** at your first visit, which includes testing, counseling and making an earmold, which is necessary to be able to use a hearing aid
- **\$85** 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 **\$85** so 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 \$85, you will be given an appointment to pick up your new hearing aid. It may take 2-3 weeks for your customized hearing aid to arrive.
- If your hearing test shows that you are not eligible for a \$85 hearing aid, the Audiologist will explain why and talk to you about other options.

*Thank you for choosing the Center for your hearing healthcare needs*



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 MOHealthNet 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 the Center for Hearing and Speech?  Yes  No

If yes, how long ago? \_\_\_\_\_ (Hearing Aid Assistance is only available every 4 years)

How did you hear about the 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.