STATE OF MINNESOTA PEDIATRIC HEARING DEVICE LOANER PROGRAM



The loaner program is administered by Children's Minnesota Audiology ENT & Facial Plastic Surgery. The program was developed with support and through partnerships with device manufacturers. Our program receives grant funding and website support from Minnesota Department of Health.

Provider Account Request Form

REQUEST USER ACCOUNT TO ORDER LOANER DEVICES

Provider Name	2:	
National Provid	der Identifier (NPI):	
Credential:	Licensed Audiologist	Dual Audiologist & Speech-Language Pathologist
	Certified Hearing Instru	ıment Dispenser
State Credential Number:		State of Issuance:
Email:		Username Preference:
Primary Organ	ization and/or Facility/Clinic	c Name:
Facility/Clinic S	Shipping Address:	
Supervisor Name:		Supervisor Phone:
	v to the Loaner Program? If yes, p r website: <u>https://hearbank.web.h</u>	please also fill out our Facility/Clinic Request Form available from the health.state.mn.us.
•	•	patient information for all orders for all providers at this certify that you are so authorized:
Are you affiliat	ed with more facility/clinics	s? If yes, provide additional facility/clinic names:

Please return form to the Loaner Program: FAX: 612-813-6889 or EMAIL: hearbank@childrensmn.org

State of Minnesota Pediatric Hearing Device Loaner Program Children's Minnesota Audiology 2530 Chicago Ave S #450 Minneapolis, MN 55404 ph: 612-813-7610

F: 612-813-6889

The State of Minnesota Pediatric Device Loaner Program and website application are sponsored by:

