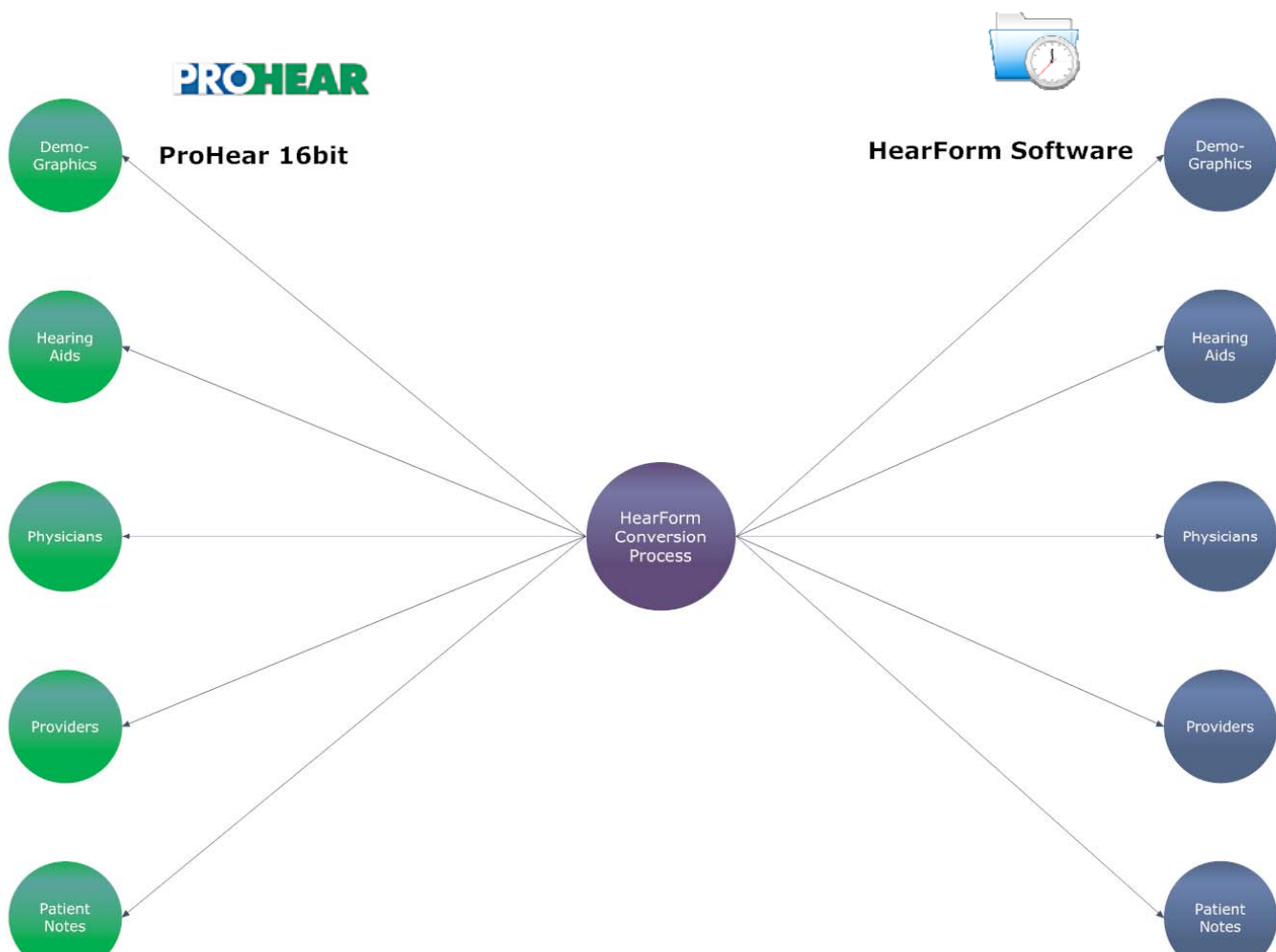


HearForm10

Conversion Details

from ProHear 16bit to HearForm

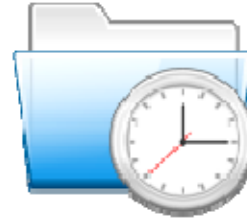


HearForm offers a time saving Conversion Service, transferring limited Data

From Starkey ProHear 16bit

.....

To HearForm



Converting Your Data from ProHear Software to HearForm Software

ONE TIME CONVERSION FEE: \$315.00

HearForm can save much of your data from ProHear Software. After receiving your data, we import that data into the matching fields within HearForm Software. After importing, you will immediately be able to use your data within the new system.

We save as much of your information as possible, but ProHear does not make it easy for others to export the data from their system. That limitation does reduce the full amount of data that we can receive. If you need data that is not listed below, please discuss that need with us. We are not able to import Audiometric Data, Financial Transactions or the Scheduled Appointments.

The following Fields *can* be Saved and Exported from ProHear Software

Basic Demographics

| | |
|--------------------|--------------------|
| Date of Birth | Maintenance Date |
| Date of Last Visit | Recall Date |
| Salutation | Assigned Clinician |
| Name First | Mail Code |
| Name Middle | Patient Notes |
| Name Last | |
| Spouse Name | Clean Date |

CONTINUED ON NEXT PAGE

Address Information

Street 1 & 2

City, State, Zip

Phone Information

Phone 1, 2

Hearing Aid Information

HA Date Purchased

HA Size

HA Serial

HA Battery

HA Side

HA Date Fit

HA Warranty Expiration Date

HA Circuit

HA Supplier

Patient Insurance

Insurance Carrier (Provider)

Patient Group #

Patient Insurance ID

Patient Physician

Physician Code

Insurance (Provider)

Provider Code

Provider Company Name

Provider Street 1, 2

Provider City, State Zip

Provider Phone

Provider Comment

Provider Group #

Provider Type

Provider PIN

Provider Tax ID

Physician Information

Physician Code

Physician Company Name

Physician Name First

Physician Name Middle

Physician Name Last

Physician Title

Physician Comments

Physician Phone

Physician Phone Type

Physician Street 1, 2

Physician City, State, Zip

If you understand the limitations of the ProHear to HearForm conversion process and agree to accept the conversion of the data fields listed above, please acknowledge that acceptance below. Thank you very much.

I agree to allow HearForm Software, LLC to convert my data from ProHear Software and understand that the data converted will be limited to the fields listed on this document. I also agree to pay a one-time \$315 conversion fee.

Signature: _____

Dated: _____

Please Fax **ONLY THIS LAST PAGE** to **509-315-1469** or mail it to

HearForm Software, LLC

PO Box 1268, Northport, WA 99157

Phone: 888-453-8806

Note: If you have not received a HIPAA Business Associates Agreement from us, please let us know before the conversion process begins.