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|  | DIVISION OF VOCATIONAL REHABILITATION (DVR)  **Cost Estimate Worksheet for  Hearing Aids and Services** | |
| CUSTOMER’S NAME | | DATE OF BIRTH |
| SERVICE PROVIDER’S NAME | | TELEPHONE NUMBER (AND AREA CODE) |
| VOCATIONAL REHABILITATION COUNSELOR’S NAME | | |
| CURRENT PROCEDURAL  TERMINOLOGY (CPT): TOTALS  **Hearing Aids** – Make and model:  $  Unit Needed:  Left Unit  Right Unit  Both Units  Features:  Bluetooth  Telecoil  Rechargeable  Technical Level:  Essential  Standard  Advanced  Premium  **Accessories**: Ear molds / impressions, etc. $  Batteries (please specify supply amount):  $  **Hearing Aid Basic Fitting and Check** – 2 ½ hours @ $137.95 = $344.88  Please explain if additional hours are needed @ $137.95/hour (i.e., programming aids,  more time to train). If applicable, add additional time @ $137.95/hour to the basic fee. $  **Assistive Listening Device – FM Consultation**: Pairing with smartphone, use of  telecoil, loops, FM systems, microphone, etc.) @ $35.00 per ½ hour (maximum $70.00) $  **Miscellaneous Services** - Please describe below: $ | | |
| Insurance Provider:  Warranty Details:  Loss / Damage Deductible Amount:  Insurance Benefit Amount: - $   (DEDUCT)  **TOTAL** $**0.00**  **Comments and Recommendations**: (Please include what has changed since the last evaluation and a justification for recommending a particular type of hearing aid. If hearing aids and services are bundled, please clarify services included with the costs. If additional space is needed, please continue on another page.) | | |