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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 PROCEDURALTERMINOLOGY(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.) |