DIVISION OF VOCATIONAL REHABILITATION (DVR)

Cost Estimate Worksheet for Cochlear Implants

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

Cochlear Implant – Make and model: $_____

Unit Needed: ☐ Left Implant ☐ Right Implant ☐ Both Implants
☐ Left Processor ☐ Right Processor ☐ Both Processors

Features: ☐ Bluetooth ☐ Auracast ☐ Rechargeable

Accessories: Disposable batteries (please specify supply amount) $_____

Rechargeable battery pack (please specify supply amount):) $_____

Cochlear Implant Basic Fitting and Check – hours @ $ = $

Please explain if additional hours are needed @ $ / hour for

$_____

Assistive Listening Device–Consultation: Pairing with smartphone / Bluetooth app, etc.

$ per ½ hour (maximum $) $_____

Miscellaneous Services: Please describe below, including item or service, length of time, quantity, cost, etc. as applicable $_____

Insurance Provider: _____

Warranty Details: _____

Loss / Damage Deductible Amount: _____

Insurance Benefit Amount: - $_____
(DEDUCT)

TOTAL $_____

Comments and Recommendations - Please include:

- What has changed since the last evaluation?
- What is the justification for recommending a particular type of cochlear implant, and/or upgrade and/or repair?

- If cochlear implant and services are bundled, please clarify services included with the costs.
- If the timeline from initial cochlear implant evaluation through post-surgical sound mapping is anticipated to be longer than 12 months, please provide an explanation.

If additional space is needed, please continue on another page.

DVR has not agreed to payment until the Vocational Rehabilitation Counselor has signed this estimate.

AUDIOLOGIST OR OTHER DVR APPROVED MEDICAL PROFESSIONAL'S SIGNATURE	DATE
CUSTOMER'S SIGNATURE	DATE
VOCATIONAL REHABILITATION COUNSELOR'S SIGNATURE	DATE