



Cost Estimate Worksheet for Bone Anchored "Hearing Aid" Auditory Devices (BAHA)

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
BAHA – Make and model:	\$ _____
Unit Needed: <input type="checkbox"/> Left Internal Implant <input type="checkbox"/> Left External Sound Processor	
<input type="checkbox"/> Right Internal Implant <input type="checkbox"/> Right External Sound Processor	
Features: <input type="checkbox"/> Bluetooth <input type="checkbox"/> Auracast <input type="checkbox"/> Rechargeable	
Accessories: Disposable batteries (please specify supply amount)	\$ _____
Rechargeable battery pack (please specify supply amount):)	\$ _____
BAHA 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 BAHA, and/or upgrade and/or repair?
- If BAHA and services are bundled, please clarify services included with the costs.
- If the timeline from initial BAHA 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