



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	

TOTALS

09987 **Hearing Aids** – Please describe make, model, T coil, circuitry, etc. including single unit wholesale cost: \$ _____

09985 **Handling Fee** By Report (the amount billed by the provider / vendor) \$ _____

09988 **Accessories:** Ear molds By Report (the amount billed by the provider / vendor) \$ _____
Batteries \$ _____

92507 **Hearing Aid Basic Fitting and Check** – 2 ½ hours @ \$134.15 = \$335.38
Please explain if additional hours are needed @ \$134.15/hour (i.e., programming aids, more time to train).
Add additional time @ \$134.15/hour to the basic fee \$ _____

09989 **Assistive Listening Device – FM Consultation:**
@ \$35.00 per ½ hour (maximum \$70.00) \$ _____

09989 **Miscellaneous Services** - Please describe below: \$ _____

Insurance: _____ \$ _____

Warranty: _____ \$ _____

Repair: _____ \$ _____

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

AUDIOLOGIST'S SIGNATURE	DATE
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