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

Technology Level: ☐ Essential ☐ Standard ☐ Advanced ☐ Premium

Accessories: Ear molds / impressions, etc. $_____

Batteries (please specify supply amount):) $_____

Hearing Aids Fitting and Check – hours @ $ = $

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

$_____

Assistive Listening Device – FM Consultation: Pairing with smartphone, use of telecoil, loops, FM systems, microphone, 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 hearing aid, and/or upgrade and/or repair?
- If hearing aids and services are bundled, please clarify services included with the costs.

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