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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 |
|  TOTALS09987 **Hearing Aids** – Please describe make, model, T coil, circuitry, etc. including single unit wholesale cost: $  |
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| 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: $  |
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| 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.) |