|  |  |  |
| --- | --- | --- |
|  | 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 | | |
| 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.) | | |