Overview of Hearing Aid Programs

The University of Arizona Hearing Clinic provides hearing aids and related services through a variety of programs, including the following:

A. Sertoma Arizona Hearing Aid Bank (SAHAB): The Hearing Aid Bank hearing aid program uses donated previously owned hearing aids to fit patients who would otherwise not be able to afford amplification. Donated hearing aids are obtained through the combined efforts of the Community Outreach Program for the Deaf (COPD), Sertoma, and the University of Arizona. Patients become eligible for the PCHAB by applying through COPD and must be 65 or older, citizens of Pima County, and of low income, as defined by the SAHABs eligibility assessment tool.

B. University of Arizona Hearing Clinic (Self-Pay): The University of Arizona Hearing Clinic selects and dispenses new hearing aids and assistive devices to non-indigent hearing impaired adults and children. All hearing aids are dispensed with a thirty-day trial period during which follow-up services are scheduled to ensure that maximum benefit is obtained from amplification. Dispensing is done in compliance with all state and federal regulations regarding hearing aid fittings. Graduate students actively participate in all hearing aid fittings under the supervision of qualified audiologists certified as clinically competent by the American Speech-Language-Hearing Association.

C. EPIC

D. Vocational Rehabilitation

E. Non-UA Hearing Aids that are “adopted” as part of the Arizona Hearing Aid Care Plan
Medical Clearance (ALL HEARING AID PATIENTS)
In keeping with CFR Title 21 Sections 801.420 & 801.421, all patients will be strongly encouraged to obtain medical clearance for amplification prior to their hearing aid fitting.

Handout: All patients will be given a handout at the time of hearing aid selection to include the following:
A. FDA Advisory:

   Important Notice for Prospective Hearing Aid Users

   Good health practice requires that a person with a hearing loss have a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. Licensed physicians who specialize in diseases of the ear are often referred to as otolaryngologists, otologists or otorhinolaryngologists. The purpose of medical evaluation is to assure that all medically treatable conditions that may affect hearing are identified and treated before the hearing aid is purchased.

   Following the medical evaluation, the physician will give you a written statement that states that your hearing loss has been medically evaluated and that you may be considered a candidate for a hearing aid. The physician will refer you to an audiologist or a hearing aid dispenser, as appropriate, for a hearing aid evaluation.

   The audiologist or hearing aid dispenser will conduct a hearing aid evaluation to assess your ability to hear with and without a hearing aid. The hearing aid evaluation will enable the audiologist or dispenser to select and fit a hearing aid to your individual needs.

   If you have reservations about your ability to adapt to amplification, you should inquire about the availability of a trial-rental or purchase-option program. Many hearing aid dispensers now offer programs that permit you to wear a hearing aid for a period of time for a nominal fee after which you may decide if you want to purchase the hearing aid.

   Federal law restricts the sale of hearing aids to those individuals who have obtained a medical evaluation from a licensed physician. Federal law permits a fully informed adult to sign a waiver statement declining the medical evaluation for religious or personal beliefs that preclude consultation with a physician. The exercise of such a waiver is not in your best health interest and its use is strongly discouraged.

Children with Hearing Loss
In addition to seeing a physician for a medical evaluation, a child with a hearing loss should be directed to an audiologist for evaluation and rehabilitation since hearing loss may cause problems in language development and the educational and social growth of a child. An audiologist is qualified by training and experience to assist in the evaluation and rehabilitation of a child with a hearing loss.
B. Medical Clearance form including only the following language:
The hearing of _______________________________ has been medically evaluated and he/she may be considered a candidate for a hearing aid.

______________________________  ______________
Signed (By Physician)                      Date

a. Waiver of medical clearance form including only the following language:
I have been advised by _______________________________ that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. I am 18 years or older and do not wish to have a medical evaluation before purchasing a hearing aid.

______________________________  ______________
Signature                      Date

(Note: The supervising audiologist’s name should be written in the “advised by” blank.)

C. Audiometric results: Patients are also given a copy of their most recent audiometric results to review with their physicians.

D. Instructions to the patient AT THE TIME OF THE HEARING AID SELECTION:
   a. Patients are to be strongly encouraged to seek medical clearance.
   b. Patients are to be instructed to bring back either the signed medical clearance or signed waiver at the time of their hearing aid fitting.

E. Waiver of medical clearance: A waiver of medical clearance shall NOT be accepted in lieu of medical clearance if:
   a. The patient is under 18 years of age, or
   b. Any of the following signs are observed:
      i. Visible congenital or traumatic deformity of the ear.
      ii. History of active drainage from the ear within the previous 90 days.
      iii. History of sudden or rapidly progressive hearing loss within the previous 90 days.
      iv. Acute or chronic dizziness.
      v. Unilateral hearing loss of sudden or recent onset within the previous 90 days.
      vi. Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz.
      vii. Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

                     Pain or discomfort in the ear.
Hearing Aid Inventory

A. Location
   a. New hearing aids and earmolds, waiting to be dispensed, are kept in name-labeled trays in the upper hearing aid workroom cabinets.
   b. Hearing aid bank aids and earmolds, waiting to be dispensed, are kept in name-labeled trays in the upper hearing aid workroom cabinets.
   c. Consignment aids are kept in the labeled basket in the upper hearing aid bank cabinet, far right.
   d. Hearing aid bank aids:
      i. Recently-donated aids are placed in the “donated aids – unsorted drawer”.
      ii. Aids checked and ready for dispensing are kept in the labeled HAB drawers (VC, No VC, etc.)

B. Hearing Instrument Inventory sheet (HI Log)
   a. All new aids are logged into the Excel file “HI Log”. This file is on the shared drive, accessible from most clinic computers.
   b. To be logged at time of order (one line per device):
      i. Audiologist’s and student clinician’s initials
      ii. Date of order
      iii. Manufacturer
      iv. Model
      v. Patient name
      vi. Charge to patient
   c. To be logged at time of check in:
      i. Date received
      ii. Invoice number
      iii. Serial number
      iv. HA cost (if available)
   d. To be logged in at time of fitting: Date of fitting
   e. To be logged at time of trial closure or return:
      i. CDate (e.g. C7/23/09) if trial is closed
      ii. RDate (e.g. R7/23/09) if aid is returned
         1. Returned to patient:
            a. If the aid is returned and NO aid is kept, this amount is the retail cost of the hearing aid, less the non-refundable portion.
            b. If the aid is returned to switch to a different aid, this is the total retail cost of the hearing aid. (The charge for the replacement hearing aid will be entered in its own line.)
         2. Returned from manufacturer: This is the amount credited by the manufacturer for the hearing aid. If it is not known at the time of the return, it will be entered by the clinic manager when the credit is available.
   f. Monthly Inventory Check: The clinic division leader will:
      i. Crosscheck the inventory with the hearing aids on hand in the cabinet.
      ii. Make sure that all information has been entered and is current.
      iii. Note that this check was completed in the HI log
   g. Biannual Reasonableness check: Twice a year, the division leader will:

i. Crosscheck the hearing aid revenue totals in the hearing instrument inventory against the amount collected as indicated in Lytec to be sure there is not a significant discrepancy.

ii. Note that this check was completed in the HI log.

h. End of Fiscal Year Inventory Report – July 1st of each year: The division leader will:
   i. Complete a monthly check as indicated above.
   ii. Compile a report consisting of:
       1. The hearing aids on hand, not yet fit, including:
          a. Make, Model, Serial # and patient initials
          b. Each hearing aid’s cost and charge to the patient
          c. How much each patient has already paid for each aid.
          d. Total projected income pending payment for the devices.
       2. Number of boxes of batteries on hand for resale. This includes all of the batteries at the front desk and an estimate # of batteries in the primary stock that will be sent for resale, their cost and total projected income pending sale.
       3. The division leaders signature and that of a second clinical faculty or staff member, certifying that the information is correct.
   iii. Provide this information to the business manager for reporting.
## Hearing Aid Returns for Credit

### I. Self Pay

a. Hearing aids can be returned for credit if:
   i. They are returned within the 30 day trial period or an extension of that trial period previously agreed to by the clinician.
   ii. They are in good condition

b. Earmolds cannot be returned for credit
c. The non-refundable charge, typically $150, also cannot be returned.
d. Amount to be returned to the patient:
   i. If one device is returned and one is kept:
      Hearing aid charge – earmold charge (if applicable)
   ii. If all devices are returned:
      Hearing aid charge – earmold charge (if applicable) – nonrefundable charge

e. Return for credit form:
   i. The clinician will complete the form and give it to the office staff for credit.
   ii. If the patient paid by credit card, the office staff will:
      1. Credit the credit card account, and
      2. Staple a copy of the return for credit form to the credit card receipt to be submitted to the business manager.
   iii. If the patient paid by cash or check, the office staff will:
      1. Inform the patient that it will take 4-5 weeks for them to receive payment, and
      2. Give the return for credit form, proof of payment (if payment was made by check), and the number of the deposit (can be found in Lytec) to the business manager. The business manager will then complete a check request to forward to Accounts Payable.

### II. Hearing Aid Bank: Hearing aid bank hearing aids cannot be returned for credit, as indicated on the contract.
Hearing Instrument Return for Credit

Patient Name: _______________________________________
Patient Address: _______________________________________
_________________________________________________________________
Patient Phone #: ___________________________________________
Clinician: _________________________________________________
Fitting Date: _______________________
Return Date: _______________________
Hearing Instrument(s) Make, Model and Serial #:
_________________________________________________________________
_________________________________________________________________
Reason for Return:
_________________________________________________________________

Amount to be Refunded:__________________________________________

Clinician Approval: ___________________________________________  Date: _______________
Clinician Signature

NOTE: No refunds can be provided without a signature indicating clinician approval.

Patient originally paid by:  Credit Card ☐  Check ☐  Cash ☐
**Loaner Hearing Aids**

A hearing aid patient will be provided with a loaner hearing aid if an appropriate one is available in the event their personal aid is sent for repair. If needed, a behind-the-ear device will be loaned with a soft stock mold (kept in labeled drawer in HA workroom).

A. Hearing aids to be loaned:
   a. Hearing aid bank aids: HAB aids can be chosen from for this purpose, as long as there are at least two other similar aids available in the bank to be fit on incoming patients. They can be loaned to both HAB and self-pay patients.
   b. Consignment aids: Appropriate consignment aids can be loaned only to self-pay patients and only if they purchased their original hearing aids from our clinic.

B. Loaner Aid Agreement form (below):
   a. This form must be completed by the clinicians and signed by the patient at the time of the loan.
   b. Aids may not be loaned for more than two months.
   c. Cost if not returned:
      i. HAB aids: $250
      ii. Consignment aids: Retail cost of the aid if purchased new.
   d. Patients are to be informed that they will automatically be billed for the aid if it is not returned in the specified time.
UNIVERSITY OF ARIZONA HEARING CLINIC
P. O. Box 210071, Tucson, Arizona 85721 (520) 621-7070
HEARING AID LOANER AGREEMENT

PATIENT NAME:__________________________________________

PATIENT ADDRESS:________________________________________

PATIENT PHONE #:________________________________________

DATE OF LOAN/FITTING DATE:____________________ DATE OF RETURN:____________________

The undersigned hereby loans, subject to the terms, conditions and price, as herein set forth, the following hearing instrument(s):

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<th>R/L</th>
<th>MAKE</th>
<th>MODEL</th>
<th>YEAR</th>
<th>NEW/USED</th>
<th>SERIAL #</th>
<th>REPLACEMENT COST</th>
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**HEARING AID LOANER AGREEMENT**

The charges on this loaner agreement are for the hearing aid and/or accessory device fitting services, and for professional follow-up services pertaining directly to the fitting and use of the hearing aid. Professional fees for evaluation of hearing and other tests and services prior to the loan of the hearing aid are not included. If a hearing aid is returned damaged or non-functional, the loanee will be responsible for the cost of repair, typically at least $230. If the aid is not returned, or returned in an unrepairable condition, the loanee will be responsible for the replacement cost as indicated above, and the replacement aid will remain the property of the U of A Hearing Clinic. I understand that this hearing aid cannot be returned for credit as I do not own the device. I have been warned of the dangers of battery ingestion. I am fully aware that Medicare does not cover any of these charges. I have been informed of audio switch technology (also called “telecoils,” “T-coil,” or “T-switch” technology). I understand that such device may increase my access to telephones and assistive listening devices. Furthermore, I have been informed about the Arizona Telecommunications Equipment Distribution Program and am aware of how to access the program to obtain telephone equipment.

____ I am aware that this device(s) DOES have a T-Coil and I know how to access it.
____ I am aware that this device DOES have an INACTIVE T-Coil that can be activated at my request.
____ I am aware that this device DOES NOT have a T-Coil.

Signature of Patient Loaning Device ___________________________ Date ______________

Signature of Audiologist ___________________________ License # __________ Date ______________
Sertoma Arizona Hearing Aid Bank Selection, Ordering and Billing

A. Hearing Aid Selection
   a. At the time of the audiologic and/or hearing aid evaluation, candidacy for amplification is determined and discussed with the patient.
   b. The patient and/or family is counseled regarding the price, policies and procedures for acquiring a hearing aid through the Hearing Aid Bank.
   c. Specific recommendations re: style, power, frequency response characteristics (determined by availability of hearing aids in HAB) are made
   d. An appropriate or best fit hearing aid is selected from the Hearing Aid Bank.
   e. To help insure that appropriate hearing instruments are available for all hearing aid bank patients, each person will only be fit with ONE device.
   f. Hearing aid bank patients may, on occasion, provide hearing aids of their own to be fit, for example that have been given to them by a family member. In some circumstances, such an aid, if appropriate, can be fit as a second device. This represents an additional use of clinic/HAB time and resources over and above the budgeted-for one-hearing aid policy. However, if this is less the case when the aid is fit at the same time as the first HAB aid. Therefore the cost of this second, self-provided hearing aid fitting varies based on time:
      i. If done at the time of the first aid fitting: $70 including Earmold or recasing.
      ii. If done at a time separate from the first hearing aid fitting: $200 including the Earmold or recasing. (This price is based on a HAB discounted version of the Arizona Hearing Aid Care Plan)
   g. Canal style instruments will NOT be fit through the hearing aid bank unless deemed necessary for audiologic reasons.
   h. An ear impression is taken of the ear to be fit with a hearing aid.
   i. Medical clearance is discussed with the patient (see relevant policy).
   j. The contract form is partially completed and discussed with the patient (see relevant policy).
   k. The encounter form is completed (see relevant policy).
   l. A hearing aid fitting appointment is scheduled for approximately three weeks after the earmold impression is obtained.

B. Ordering
   a. All In-The-Ear Hearing Aids
      In-the-Ear hearing aid remakes are ordered using a Prairie Labs repair form using the account number 2713
   b. Behind-The-Ear Hearing Aids
      i. Earmold: an earmold order form is completed for Westone Laboratories – write “FASA PRICING” on the form - and forwarded with the earmold impression The University of Arizona account number 3089C is used for all earmold orders. Upon receipt, the earmold is placed the existing red bin with the patient’s name and HA for fitting.
      ii. Hearing Aid: the hearing aid is selected from the Hearing Aid Aid Bank stock and placed in a red bin with the patient’s name for use on the day of the hearing aid fitting.

C. Contract form (See below):
   a. At the time of the hearing aid selection, the audiologist and/or student are to:
      i. Fill out the...
1. Ear to be fit
2. Hearing aid make & model if available
3. Date of manufacturer if available (it rarely is available)
4. Indicate that the aid is “used”
5. Battery size

b. At the time of the hearing aid selection, prior to taking payment, the office staff are to:
   i. Review the policies regarding payment with the patient
   ii. Indicate payment on the contract form

c. At the time of the hearing aid fitting, the audiologist or student is to
   i. Complete the contract form with all available information
   ii. Review the form with the patient and ask them to sign it prior to leaving with the hearing aid.

d. Billing:
   i. Patients are to be charged $70 per hearing aid, irrespective of style of aid, reflected on the HAB Purchase Agreement form and using the appropriate hearing aid code on the encounter form.
   ii. Patients are NOT to be charged for earmolds as, for the purpose of the HAB, they are built into the price.
   iii. If the patient needs to pay out of pocket for their hearing evaluation, the discounted fee will be $45.

D. Hearing Aid Bank Device Check-
   a. Custom and BTE aids (if sent for recase or repair):
      i. A thorough listening check is to be done to insure proper hearing aid function
      ii. The instrument is to be connected to the fitting system to insure that it can be programmed.
      iii. A note is to be entered into Lytec indicating the make, model and serial number and the outcome of the listening and connection check.
      iv. The aid (and earmold upon receipt) is placed in a red bin with the patient’s name and date.
      v. The aid is to be quick-fit and pre-programmed appropriately for the patient.
      vi. Steps 1-4 may be done by the clinic assistant; STEP 5 MUST BE DONE BY THE FITTING STUDENT AT LEAST 24 HOURS PRIOR TO THE FITTING.

E. Hearing aid repair
   a. Within the first 6 months: If a HAB hearing aid fails within the first six months, it will be repaired or replaced at no charge to the patient.
   b. After the first 6 months:
      i. BTE: The hearing aid can be repaired (Prairie Labs) or replaced at the audiologist’s discretion. Either way, the patient will be charged $45. ($70 if a new earmold is also needed)
      ii. ITE: The hearing can be repaired (Prairie Labs) or replaced at the audiologist’s discretion. If repaired, the patient will be charged $45; if replaced, they will be charged $70.
   c. Replacement after 2 Years: If an aid is to be replaced two or more years after the patient qualified for the HAB, they must return to COPD for requalification before the hearing aid can be replaced.
UNIVERSITY OF ARIZONA HEARING CLINIC
P. O. Box 210071, Tucson, Arizona 85721  (520) 621-7070
Pima County Hearing Aid Bank

HEARING AID PURCHASE DESCRIPTION

PURCHASER: __________________________

DATE OF ORDER: ______________________ FITTING DATE: ______________________

The undersigned hereby purchases, subject to the terms, conditions and price, as herein set forth, the following hearing instrument(s):

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<th>R/L</th>
<th>MAKE</th>
<th>MODEL</th>
<th>YEAR</th>
<th>NEW/USED</th>
<th>SERIAL #</th>
<th>PRICE</th>
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GRAND TOTAL $ ____________

HEARING AID PURCHASE AGREEMENT

The charges on this purchase description/agreement are for the hearing aid, earmold, dispensing and fitting services, and for 6 months of professional follow-up services pertaining directly to the fitting and use of the hearing aid. Professional fees for evaluation of hearing and other tests and services prior to the recommendation of the hearing aid are not included. Hearing aid bank hearing aids carry a 6-month guarantee against defective material. Damage due to mishandling is not covered. I understand that my hearing aid cannot be returned for credit. I have been warned of the dangers of battery ingestion. I am fully aware that Medicare does not cover any of these charges. I have been informed of audio switch technology (also called “telecoils,” “T-coil,” or “T-switch” technology). I understand that such device may increase my access to telephones and assistive listening devices. Furthermore, I have been informed about the Arizona Telecommunications Equipment Distribution Program and am aware of how to access the program to obtain telephone equipment.

____ I am aware that my device(s) DOES have a T-Coil and I know how to access it. _____ I am aware that my device DOES have an INACTIVE T-Coil that can be activated at my request. _____ I am aware that my device DOES NOT have a T-Coil

Payment schedule as follows:
1st visit (Hearing aid order) $35
2nd visit (Hearing aid fitting) Balance Due (If unable to pay balance, a minimum $25 payment is required. Thereafter, any unpaid balance may be paid $5 per month.)

_________________________ __________________________
Signature of Purchaser Date

_________________________ __________________________
Signature of Audiologist License # Date
Self-Pay Hearing Aid Selection, Ordering & Billing

A. Hearing Aid Selection
   a. Utilizing audiologic test results and case history information provided by the patient, candidacy for amplification is determined and discussed with the patient or their guardian.
   b. In order to provide an adequate range of technology options, audiologists are to be familiar with hearing aids from at least three major manufacturers, although it may or may not be appropriate to discuss more than one option with any given patient.
   c. The patient and family are counseled regarding the price, policies and procedures for acquiring a hearing aid.
   d. Specific recommendations regarding technological options, style, power and frequency response characteristics are made.
   e. When appropriate, manufacturer software is to be used to educate the patient as to their options.
   f. A mutually agreed upon hearing aid selection is made.
   g. If necessary, an earmold impression is taken of each ear to be fit.
   h. A hearing aid fitting appointment is scheduled for such a time that all necessary devices/earmolds are expected to be available.
   i. Medical clearance is discussed with the patient (see relevant policy).
   j. The contract form is partially completed and reviewed with the patient (see relevant policy).
   k. The encounter form is completed (see relevant policy).

B. Ordering:
   a. Hearing aids are to be ordered by the supervising audiologist or by the student with the help of their supervisor.
   b. Account numbers are posted in the clinic and in the pricing/HA info binder. When available, the AHAA account number is to be used.
   c. Ordering non-custom instruments:
      i. AHAA vendors: Hearing instrument orders are phoned into the AHAA main phone number. Note: if necessary, orders can be phoned into the manufacturer directly using the AHAA number. However, pricing is sometimes more favorable if we call through AHAA.
      ii. Other vendors: Hearing instrument orders are phoned directly into the manufacturer.
   d. Ordering custom instruments: The manufacturer’s order form should be used. If available, AHAA account numbers are to be used; otherwise use the U of A account number. In all cases, the same account number is to be used in both the bill-to and ship-to blanks.
   e. Earmolds are to be ordered directly from Westone Laboratories of Colorado Springs using the appropriate order form and account number 3089C.
   f. The Patient name, make and model of hearing aid and audiologist initials are to be entered into the Hearing Instrument Log, available on the shared directory on the server, accessible through most clinic computers.
   g. Payment of one half the balance will be made to the clinic’s administrative secretary with a copy of the bill of sale and receipt for payment to be used as proof of purchase by patient.

C. Contract form (see below):
a. At the time of the hearing aid selection, the audiologist or student are to
   i. Fill out the following:
      1. Ear(s) to be fit
      2. Make, model, & year of manufacture
      3. Indicate that the aids are new
      4. Pricing information
      5. Warranty information
      6. Nonrefundable expense information: $150.00 plus earmold charges.
         Please see return policy re: additional information.
   ii. Review the contract with the patient. They need not sign it at the time of
       the fitting.

b. At the time of the hearing aid fitting, the audiologist or student are to fill out all
   remaining information and have the patient sign the form before leaving with the
   hearing aids.
**HEARING AID(S) BILL OF SALE**

Purchaser: ____________________________________________

Date of Order: ______________________________ Fitting Date: ____________________

The undersigned hereby purchases, subject to the terms, conditions and price, as herein set forth, the following hearing instrument(s):

<table>
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<tr>
<th>R/L</th>
<th>Make</th>
<th>Model</th>
<th>Year</th>
<th>New/Used</th>
<th>Serial #</th>
<th>Price</th>
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Ear mold(s)

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<th>Make</th>
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<th>Year</th>
<th>New/Used</th>
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Service Agreement

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Grand Total $__________

**HEARING AID(S) PURCHASE AGREEMENT**

The charges on this purchase description/agreement are for the hearing aid(s), earmold(s), accessories, dispensing and fitting services, and for 30 days of professional follow-up services starting from the date of fitting pertaining directly to the fitting and use of the hearing aid(s). Professional fees for evaluation of hearing and other tests and services prior to the recommendation of the hearing aid(s) are not included.

I understand that my hearing aid(s) can be returned and my order canceled within 30 calendar days from the date of fitting. I also understand that I will be responsible for any loss or damage of the hearing aid(s) during the 30 day trial period. If the purchase is canceled within 30 calendar days, I will return the hearing aid(s) in good condition. **Refundable** expenses will be $__________ to be refunded to me within 10 working days of the University of Arizona Hearing Clinic's receipt of my returned hearing aid(s). **Nonrefundable** expenses will be $__________, which includes earmolds, fitting, dispensing and follow-up fees.

The new hearing aid(s) carry a ____ month guarantee against defective material, to expire on ____________. Damage due to mishandling is not covered. (See manufacturer's warranty for specific information.)

The new hearing aid(s) carry a ____ month service agreement with the University of Arizona Hearing Clinic, to expire on ____________. This agreement covers all hearing aid related services including adjustment and fine tuning, electroacoustic analysis, in-office repairs, hearing aid check and cleaning every six months, and enrollment in our Living Well with Hearing Loss Class. Audiologic evaluations are NOT covered by the agreement. After the agreement expires, patients can choose to purchase an extended service agreement, or pay for follow-up services as needed.
I understand that I am free to purchase my hearing aid(s) from any dispenser. I have chosen to purchase the hearing aid(s) with a 30 day trial period from the University of Arizona Hearing Clinic and I agree to abide with the terms of this agreement. I have been warned of the dangers of battery ingestion. I have been informed of audio switch technology (also called “telecoil,” “T-coil,” or “T-switch” technology). I understand that such a device may increase my access to telephones and assistive listening devices. Furthermore, I have been informed about the Arizona Telecommunications Equipment Distribution Program in accordance with A.R.S. § 36-1947 and am aware of how to access the program to obtain telephone equipment.

____ I am aware that my device(s) DOES have a T-Coil and I know how to access it.
____ I am aware that my device DOES have an INACTIVE T-Coil that can be activated at my request.
____ I am aware that my device DOES NOT have a T-Coil

Regarding insurance:
I understand that the University of Arizona will only bill my insurance company if there is reasonable evidence of hearing instrument coverage. I further understand that I will be responsible for any amount not paid to the University of Arizona by my insurance company within 90 days. I am fully aware that Medicare does not cover any charges related to hearing aids.

Signature of Purchaser ___________________________ Date ____________

Signature of Audiologist ___________________________ License # ____________ Date ____________
Repair and Follow-up Charges

Fees for verification and validation testing, counseling, adjustments, follow-up, troubleshooting and repairs are built into the purchase price of a hearing instrument. As a result, fees for these services will be assessed differently depending upon where the device was originally purchased.

A. Instruments Purchased from U of A Hearing Clinics:
   a. Factory Repair - Under Warranty - any hearing aid repair under warranty will be at NO COST to the patient, assuming that the problem is not due to damage or misuse.
   b. Factory Repair – Not Under Warranty - any out of warranty hearing aid will be sent to the original manufacturer when possible, or to an all make repair lab when the original manufacturer cannot be used.
      i. The patient will be charged the manufacturer’s cost of repair (including shipping) plus 100% mark up.
      ii. The day the patient picks up the hearing aid they will pay in full to the secretary of the Hearing Clinic.
   c. Follow-up appointments – All verification and validation testing, adjustments, counseling, follow-up and troubleshooting will be done at NO CHARGE during the warranty period. A nominal fee may be assessed for these services after the end of the warranty period is over.
   d. Loss & Damage replacement:
      i. Under service agreement with UA: Patients will be charged according to the relevant policy that follows.
      ii. NOT under service agreement with UA: Patients will be charged as above, plus for any clinical time/services provided.

B. Hearing Aid Bank repair.
   a. If deemed appropriate, any HAB aids can be repaired through Prairie Labs
      i. The patient should be charged the cost of the repair + shipping (varies by device). These fees are paid to the U of A.
      ii. As with new aids, the patient must pay at least $25 at the time the aid is sent for repair, at least $15 at the time of pick up, and can make payments thereafter.
   b. Given the minimal cost of HAB aids, it may be deemed more appropriate to obtain a replacement device instead.
      i. If the first aid lasted less than two years, this replacement can be done without requalification, at the audiologist’s discretion.
      ii. If the aid is more than two years old, the patient must contact COPD first to prequalify for the program.

C. Instruments NOT Purchased from the U of A Hearing Clinics:
   a. Troubleshooting – Patients will be billed for a minimum of a level 1 hearing aid service charge. Additional fees for parts and/or increased service level will also apply as needed.
   b. Factory Repair – Under-Warranty – Any charges from the manufacturer for shipping, etc. will be passed on to the patient. Additional charges will also be applied based on the hearing aid service level. These fees will be due in full at the time the device is picked up.
   c. Factory Repair – Not Under Warranty
      i. The patient will be charged the University’s usual and customary repair charge
ii. Additional charges will also be applied based on the hearing aid service level. These fees will be due in full at the time the device is picked up. All charges must be paid in full on the day the hearing instrument is either repaired or sent for repair.

**Hearing Aid Related Charges**

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Cost of the Device</th>
<th>Cost of the Professional Hearing Aid Service*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aid Purchased at UA</td>
<td>Hearing aid cost based on manufacturer, style, and model (will include a 3 year repair warranty)</td>
<td>New devices, covers the first three years patient owns the hearing aids. Cost is paid up front. One Hearing Aid = $600 Two Hearing Aids = $1000</td>
</tr>
<tr>
<td>Arizona Hearing Aid Care Plan</td>
<td>Devices purchased elsewhere</td>
<td>The service agreement is for the life of the instrument. If the devices were previously fit, the cost is: One Hearing Aid = $400 Two Hearing Aids = $500</td>
</tr>
<tr>
<td>EPIC</td>
<td>Per EPIC price sheet (paid directly to EPIC). UA does not receive payment from the client.</td>
<td>*Basic Level: No fitting or follow-up is covered past the 45 day trial period. After the 45 days, the patient can buy the $500 service plan from UA, or pay fee for service. *Standard/Advanced/Premium: EPIC covers all follow-up during the first year; then the patient can purchase $400 service plan to cover all follow-up for the life of the hearing aids from UA</td>
</tr>
<tr>
<td>Hearing Aid Bank</td>
<td>One hearing aid = $70 ($35 is due at the time of the hearing evaluation; $35 is due at the hearing aid fitting). Clients are no longer allowed to have a 2nd hearing aid.</td>
<td>Service is included through the 6 month warranty. After this, there is an office visit fee applied to any visit of $10 -this fee will include any minor parts such as a tube change, etc.</td>
</tr>
</tbody>
</table>

*Professional Hearing Aid Service does not cover hearing testing or out-of-warranty repair charges.*
## Hearing Aid Follow-up

### Table 2

<table>
<thead>
<tr>
<th></th>
<th>HAB</th>
<th>In Manufacturer Warranty &amp; In Service Agreement</th>
<th>Out of Manufacturer Warranty &amp; In Service Agreement</th>
<th>In Manufacturer Warranty &amp; Out of Service Agreement</th>
<th>Out of Warranty + NO Service agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit (TIME)</td>
<td>$10 (after first 6 months)</td>
<td>No charge</td>
<td>No Charge</td>
<td>Charge ($30 for every 15 minutes)</td>
<td>Charge ($30 for every 15 minutes)</td>
</tr>
<tr>
<td>Parts</td>
<td>Small parts included in office visit. Out of warranty repairs not included.</td>
<td>Office repairs and parts at no charge; factory repairs at no charge</td>
<td>Office repairs as posted; factory repairs per manufacturer</td>
<td>Office repairs as posted; factory repairs at no charge</td>
<td>Office repairs as posted; factory repairs per manufacturer</td>
</tr>
</tbody>
</table>

### Table 3

<table>
<thead>
<tr>
<th></th>
<th>In Man. Warranty</th>
<th>Out of Man. Warranty</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Service Agreement</td>
<td>No charge for office visit; Office repairs and parts at no charge</td>
<td>No charge for office visit; Office repairs as posted; factory repairs at no charge</td>
</tr>
<tr>
<td>Out of Service Agreement</td>
<td>Charge for office visit; Office repairs as posted; factory repairs at no charge</td>
<td>Charge for office visit; Office repairs as posted; factory repairs per manufacturer</td>
</tr>
</tbody>
</table>
**Hearing aid warranty and loss & damage policies, their extension and hearing aid replacement**

A. If the patient is under a service agreement with the U of A:
   a. All new hearing aid prices are based on a standard three year repair warranty and one year loss and damage insurance policy. These will be ordered with no additional cost to the patient.
   b. If a patient would like to extend the warranty and/or Loss & Damage policy, they will be charged the manufacturer fee plus $25 per year per policy. For example,
      i. To extend to a three year warranty and two year Loss & Damage policy, the patient will be charged manufacturer cost + $50
      ii. To extend to a three year warranty and three year Loss & Damage policy, the patient will be charge manufacturer cost + $75.
   c. During the warranty repair, all repairs done to the hearing instrument, not including the earmold, will be done at no charge if related to normal use wear and tear.
   d. During the Loss & Damage policy period, a hearing aid can be replaced under the terms and conditions of the policy. Patients will be charged manufacturer cost + $100 per hearing aid replaced, earmolds not included. (Earmolds are replaced separately at full charge.) NOTE: Most policies allow for only a single replacement.
   e. Midwest Loss & Damage replacement
      i. Complete claim form on line with the patient and have them sign it.
      ii. Send the claim form to Midwest. If an ITE is to be replaced, send the earmold impression to them as well. For a BTE, the mold will be ordered separately at full price.
      iii. If the patient has their “+$150” policy, the payment we receive from Midwest is sufficient. If not, the patient pays $100 per hearing aid replaced, as noted above.

B. If the patient is NOT under a service agreement with the U of A, they will be subject to the charges noted above and for the service level provided.
Non-UA Hearing Aids: Assessment of Performance

Patients who have obtained hearing aids or other devices elsewhere may be interested in assessment of the devices’ characteristics, fit, performance, and/or settings. Such an assessment WOULD NOT INCLUDE ANY ADJUSTMENT TO THE DEVICES:

A. Elements of the assessment might include
   a. Review of audiometric test results
   b. Review of history, communication situations and difficulties and goals for amplification
   c. Assessment of physical fit
   d. Assessment of hearing aid characteristics
   e. Real ear evaluation - Place each client’s PROBE TUBE in a plastic bag with their name on it and attach it securely in their chart for future use.
   f. Assessment of hearing aid settings
   g. Real ear and/or ANSI testing
   h. Recommendations regarding:
      i. Physical or electroacoustic changes to current hearing aids,
      ii. Additional or alternative devices or equipment
      iii. Realistic expectations
   i. Appointment time of up to 1.5 hours

B. Fee: $150, but can be applied to
   a. Purchase of AZ Hearing Aid Care Plan if purchased within six months, or
   b. New hearing instrument or assistive device, if the instrument or device is more than $800 and purchased within six months.
ARIZONA HEARING AID CARE PLAN

Part of the reason that hearing aids are expensive is that typically all services needed for dispensing and follow up care are included in the price. There are circumstances, however, in which a person either: (1) acquires hearing aids through sources other than an audiologist and the hearing aids are not programmed properly for the user; or (2) the audiologist who dispensed the aids originally, the one who was paid, may no longer be able to provide follow-up. The University of Arizona Hearing Clinic’s Arizona Hearing Aid Care Plan is designed for these circumstances. For a fee, we will provide audiologic follow-up for hearing aids to assure continuity of care.

What is covered under the plan FOR THE LIFE OF THE HEARING DEVICE:

- Hearing aid adjustments, including:
  - Programming/fine tuning changes
  - Real ear and electroacoustic verification of hearing aid performance and adjustments
  - In-office adjustments to the fit of the hearing aid/earmold

- All possible in-office repairs
- Factory repairs under warranty

Services that are NOT covered:

- Hearing testing (typically $72 - $125)
- Out of warranty factory repairs (often $90 to $300 depending on the problem and manufacturer.)
- New earmolds
- Assistive technologies

Costs

**PLAN I: Devices previously fit:**
One Aid: $400
Two Aids: $500

**PLAN II: Devices never before fit:**
One Aid: $600
Two Aids: $1000
UNIVERSITY OF ARIZONA HEARING CLINIC  
P. O. Box 210071, Tucson, Arizona 85721  (520) 621-7070

Arizona Hearing Aid Care Plan Agreement

PURCHASER: ____________________________________________________________

DATE OF PURCHASE: __________________________

<table>
<thead>
<tr>
<th>R/L</th>
<th>MAKE</th>
<th>MODEL</th>
<th>SERIAL #</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| GRAND TOTAL | $ |

What is covered under the plan:
- Hearing aid adjustments, including:
  - Programming/fine tuning changes,
  - Real ear and electroacoustic verification of hearing aid performance and adjustments
  - In-office adjustments to the fit of the hearing aid/earmold
- All possible in-office repairs
- Factory repairs under warranty

Services that are NOT covered:
- Hearing testing (typically $72)
- Out of warranty factory repairs (often $90 to $300 depending on the problem and manufacturer.)

I understand these terms and exclusions. I am fully aware that Medicare does not cover any of these charges.

_________________________________________  __________________________
Signature of Purchaser  Date

_________________________________________  __________________________
Signature of Audiologist  License #  Date
**FM Systems for DRC Students**

A. **Background:** The Disability Resource Center on campus frequently purchases FM systems for use by their hearing impaired students. The majority use simple systems, typically the Williams Sound Personal FM system or equivalent. They use such devices with either headphones or a neckloop and rarely if ever need to be seen in our clinic. Increasingly students are using more sophisticated systems such as the Phonak MicroLink system. These often require the advice of an audiologist regarding model choice, adjustment of hearing aids/CI processors to be compatible with the system, adjustment of hearing aid/CI processor memories for optimal FM use, and more detailed instructions regarding use. Often these services can be provided to the student and the DRC by the students own, home audiologist. If not, our clinic is available to help.

B. **Purchasing the FM system:** The DRC may purchase the system through our clinic, even if we are not involved with the student. We will charge them the invoice cost, plus a $25 handling fee.

C. **Professional fees:** If the University of Arizona Hearing Clinic is asked to become involved with the student and their FM system, we will agree to serve as their audiologist for a period of one year. Professional fees are typically the responsibility of the student and will be equivalent to the one year/two aid price of the Arizona Hearing Aid Care Plan. **FOR ONE YEAR,** this fee will be include:
   a. **Hearing aid adjustments including:**
      i. Programming/fine tuning changes
      ii. Real ear and electroacoustic verification of hearing aid performance and adjustments
      iii. In-office adjustments to the fit of the hearing aid(s)/earmold(s)
   b. **All possible in-office repairs**
   c. **Factory repairs under warranty**

D. **Per-visit charges:** Hearing aid and FM adjustments cannot be done on a per-visit charge basis. However, once the Arizona Hearing Aid Care Plan fee has been paid, all follow up for the above-described services will be done at no charge; there is no limit to the number of follow up visits allowed.

**MAJOR DONORS AND CLINICAL SERVICE**

Individuals who donate in excess of $5000 to the Speech, Language or Hearing Clinics shall be entitled to free audiologic and hearing aid services for a period of one year after the donation. This courtesy will also be extended to their immediate family members. They will, however, be made aware of the cost of the services provided so that they know the usual and customary procedures. If they choose to pay for the services, such payment will be accepted. Devices and accessories will not be discounted.
Vocational Rehabilitation Audiology and Hearing Aid Procedures

A. Step 1: The audiologic evaluation
   a. Authorization and Coding: We will receive authorization for $280 for “Service Code C01D”
      i. This covers the audiologic evaluation. Be sure to run the QuickSIN as part of the evaluation. It also covers the cost of the earmolds if any.
      ii. We bill for the $280 even if no earmolds are made.
      iii. We bill this not by CPT code, but instead by this service code. We will need to set this up in Lytec.
   b. Ear Impressions: Ear impressions are to be made at the time of the audiologic eval.
      i. If earmolds are to be made, they are to be ordered immediately and held pending hearing aid authorization.
      ii. If ITEs are to be ordered, the impressions will be held pending hearing aid authorization. If there is more than a 30 day delay in authorization, the patient may need to return for new impressions at our judgment.
      iii. If open-fit aids are to be ordered, tube/wire length should be measured and noted as well as color of hearing aid(s) so that the aids can be ordered when authorization is received.
      iv. If BTEs are to be ordered, determine and note color of the case so that they can be ordered when authorizations is received.
   c. Paperwork: All of the following should be sent to VR together:
      i. Our written report and test results
      ii. Exhibit 1 (Completed by Audiologist/Student)
      iii. Exhibit 2 (Completed by Audiologist/Student)
         1. Complete part I only.
      iv. Copy of hearing aid order form (if ITE)
      v. Billing statement indicating $280 for Service Code C01D (Completed by Billing Staff)
      vi. Exhibit 6: Contractors’ Invoice Form (Completed by clinicians)
      vii. Responsibilities:
         1. Audiologist:
            a. Complete Exhibits 1, 2 and 6, hearing aid order form, and order earmolds, and the report in the usual manner.
            b. Complete encounter form, adding in C01D, $280 for the procedure.
            c. Turn in encounter form in usual manner.
            d. It would be helpful to also paper-clip all of the forms to be sent.
         2. Billing staff: Once the report is available, they will assemble and send the appropriate forms and invoice to VR.

B. Step 2: Authorization is Received; Hearing Aid is Ordered
   a. We receive two things:
      i. Exhibit 2 BACK with Part II completed by RSA Counselor
      ii. Authorization to bill for hearing aid fitting:
1. One aid: $890
2. Two aids: $1335

b. We order the hearing aid(s)
   i. ITE: Sending in order form with copy of Exhibit 2 attached (DO NOT USE ANY ACCOUNT NUMBERS ON THE BILLING FORM) Note: If the impression has sat on the shelf for more than 30 days, the patient will need to be scheduled for new impressions.
   ii. BTE: Call manufacturer to determine if aid has been ordered by VR directly. If not, fax them Exhibit 2 to initiate the order.

c. We call patient to schedule fitting appointment: AFTER RECEIVING THE AIDS, WE HAVE SEVEN DAYS TO GET THE PATIENT IN FOR A FITTING.

C. Step 3: Hearing Aid Fitting
   a. When authorization for HA services is received from VR, the office staff will put it with the chart in the clinician’s box with a note asking if okay to schedule.
   b. Hearing aids are fit in the usual manner
   c. TWO follow up appointments are made
   d. Exhibit 3, Page 1 is completed, SIGNED BY THE PATIENT AND AUDIOLOGIST
   e. Paperwork:
      i. Exhibit 3, Part I (Completed by Audiologist & patient, NOT YET SENT)
      ii. Billing statement referring Service Code C02F (Completed by Billing Staff, SENT TO VR)
      iii. Exhibit 6: Contractors’ Invoice Form (Completed by audiologist, SENT TO VR)
      iv. Responsibilities:
         1. Audiologist:
            a. Complete Exhibits 3 (part 1) and 6.
            b. Complete encounter form, adding in C02F for the procedure, with the appropriate charge.
            c. Turn in encounter form in usual manner.
            d. It would be helpful to also paper-clip all of the forms to be sent.
         2. Billing staff: Assemble and send the appropriate forms and invoice to VR.

D. Step 4: First Hearing Aid Follow Up
   a. Clinical procedures are as normal.
   b. Part II of exhibit 3 is completed by audiologist and signed by patient. (NOT YET SENT TO VR)

E. Step 4: Trial Closure: At the time of the final follow up
   a. Audiologist completes and patient signs Exhibit 3, Part III. (Note, the word “warranty” needs to be changed to “trial period” in the statement.)
   b. In the event that the patient does not show up for follow up, or contacts the clinic indicating that all is well and that follow up is not needed, the audiologist can make a note of this on Exhibit 3, Part II and sign on their behalf.
   c. Paperwork: Exhibit 3, Part I, II & III (page 2) is sent to VR WITH A COPY OF HA SETTINGS AND REAL EAR RESULTS. The audiologist or student is responsible for sending this paperwork.

Exhibit 1
## Evaluation

<table>
<thead>
<tr>
<th>Name</th>
<th>Client ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring Counselor or DES staff Name</td>
<td></td>
</tr>
<tr>
<td>Contractor Name</td>
<td>Contract Number</td>
</tr>
<tr>
<td>Examining Audiologist Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

### Measurements completed:
- Tympanometry
- Acoustic reflex testing
- Audiometry threshold and speech recognition
- Speech-in-noise testing

If the above measurements are not completed, why not:

- Ear mold or ear impressions completed  □ Yes □ No
  - why not?

- ENT exam recommended?  □ Yes □ No
  - why:

### Test Attached
- Yes □  No □
  - why not?

### Final Comments:

---

Examining Audiologist Signature: ____________________________ Date: ________

---

Exhibit 2
### PART I
(This section is completed by audiologist during the comprehensive audiology evaluation)

<table>
<thead>
<tr>
<th>Audiologist Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSA Client’s name:</td>
<td>RSA ID #</td>
</tr>
</tbody>
</table>

### HEARING AID SPECIFICATIONS

<table>
<thead>
<tr>
<th>Noise reduction</th>
<th>Multi-memory</th>
<th>Multi-channel</th>
<th>Open ear fitting</th>
<th>Directional Microphones</th>
<th>Fixed DM</th>
<th>Adaptive DM</th>
<th>Automatic DM</th>
<th>Split band DM</th>
</tr>
</thead>
<tbody>
<tr>
<td>User adjustable VC</td>
<td>Rotary</td>
<td>Toggle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programmable T-coil</td>
<td>Automatic telecoil</td>
<td>M/MT option</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAI</td>
<td>Remote Control</td>
<td>Integrated FM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signal Processing</td>
<td>Linear PC</td>
<td>Compression Limiting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDRC</td>
<td>Selectable processing</td>
<td>Multi-segmental compress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback Management</td>
<td>Fixed/adaptive notch filtering</td>
<td>Fixed/adaptive FB cancellation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compression speed (release)</th>
<th>Fast</th>
<th>Slow</th>
<th>Adjustable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive release</td>
<td>Low CT</td>
<td>High CT</td>
<td>Adjustable CT</td>
</tr>
</tbody>
</table>

Other desired features:

- Coils must be included in recommendation for all clients

### RECOMMENDED HEARING AID(S) based on the results of the audiology evaluation

<table>
<thead>
<tr>
<th>Hearing Aid Manufacturer:</th>
<th>Make:</th>
<th>Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Style:</td>
<td>Right ear</td>
<td>Left Ear</td>
</tr>
<tr>
<td>RSA Contract Price:</td>
<td>Repair Warranty:</td>
<td>Loss/Damage Warranty:</td>
</tr>
</tbody>
</table>

### PART II
(This section is completed by RSA counselors)

<table>
<thead>
<tr>
<th>Referring RSA Counselor Name</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSA Counselor’s Approval Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Approved RSA Contract Price (Counselor to insert) $</td>
<td></td>
</tr>
</tbody>
</table>

#### BILL-TO ADDRESS:

Hearing Aid Manufacturer sends an invoice to
ADES/RSA Office:

_____

#### SHIP-TO ADDRESS:

Hearing Aid Manufacturer sends the hearing aids to:
Audiologist’s office:

_____

### PART III
(This section is completed by audiologist)

<table>
<thead>
<tr>
<th>Date of submitting this form to hearing aid manufacturer:</th>
<th>Hearing Aid Manufacturer</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aid Manufacturer</td>
<td>Contact Person:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

Revision: 8-17-2016
Exhibit 3

<table>
<thead>
<tr>
<th>Client name</th>
<th>Client ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring counselor or DES staff name</td>
<td></td>
</tr>
<tr>
<td>Contractor Name</td>
<td>Contract Number</td>
</tr>
<tr>
<td>Examining Audiologist Name</td>
<td>Phone Number</td>
</tr>
<tr>
<td></td>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

Date of service

**PART I: FITTING SERVICES**

Check services provided:

- [ ] Electro-acoustic analysis for quality control to verify functioning
- [ ] Electro-acoustic verification (coupler or real ear) to ensure proper programming of aided and unaided sound field thresholds
- [ ] Aided speech measures (in quiet and in noise)
- [ ] Outcome measures, pre and post fitting
- [ ] Hearing aid orientation and counseling

Attach a written summary of fitting services to include the results of testing for electro-acoustic analysis and verification to ensure compliance with the manufacturer's specifications and to document actual instrument performance.

Appointment Date(s) for Follow Up Services: (Please note: the first appointment is to be scheduled at least seven (7) business days prior to the end of the hearing aid manufacturer’s trial period which expires on _____________.

1.

2.

I, ________________________________ (client's name), have received my hearing aid(s) and I agree with the follow up dates.

Client’s signature_________________________________________ Date___________

Audiologist’s signature_______________________________________ Date___________
Exhibit 6

Invoice Date

Date of Service Provision

<table>
<thead>
<tr>
<th>Contractor’s name, address and phone number</th>
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</thead>
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<tr>
<td>Contract Number</td>
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</tr>
<tr>
<td>Contractor’s FEI or SSN Number</td>
<td></td>
</tr>
<tr>
<td>Client’s name</td>
<td>Client’s RSA ID Number</td>
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<tr>
<td>Referring RSA Counselor’s Name</td>
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<th>RSA Authorization Number</th>
<th>Service Unit</th>
<th>RSA Fee Schedule Rate per Service Unit</th>
<th>Invoice amount</th>
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<td>Total Invoice Amount $</td>
<td></td>
</tr>
</tbody>
</table>

Name, title, phone number and address of the Contractor has designated person who prepared this form:

Name:

Title:

Phone Number

PREPARER’S SIGNATURE ______________________________________________

Date: ______________________
**EPIC Audiology and Hearing Aid Procedures**

**A. Step 1: The referral**

a. Clinic reception receives a Referral Letter and a Referral Activation Form from EPIC authorizing patient care

b. Patient is instructed by EPIC to contact us directly to schedule and to identify themselves as being referred by EPIC HSP

   i. If an audiologic evaluation is needed
      1. Billing staff will verify insurance
      2. “Professional Fee” is included in EPIC reimbursement if patient insurance does not cover evaluation
      3. The following are billable codes to EPIC:
         a. 92552 Pure Tone Threshold
         b. 92557 Comprehensive Audiogram (Air, Bone, and Speech Discrimination)
         c. 92567 Tympanometry
         d. 92568 Acoustic Reflex Test
         e. 925588 Diagnostic OAE

c. Hearing aids:
   i. Audiologist recommends hearing aid(s) selected from the EPIC Standard Level Hearing Aid Models list
      1. Hearing aid(s) should be selected from the PRICE TIER determined by the patient

d. Ear Impressions: Ear impressions are to be made at the time of the audiologic evaluation.

   i. If earmolds OR ITEs are to be made, the impressions will be held in HA Lab with patient’s name on them pending receipt of the Authorization Form from EPIC. If there is more than a 30 day delay in authorization, the patient may need to return for new impressions at our judgment.
   
   ii. If open-fit aids are to be ordered, tube/wire length should be measured and noted as well as color of hearing aid(s) so that the aids can be ordered when the Authorization Form is received.
   
   iii. If BTEs are to be ordered, determine and note color of the case so that they can be ordered when the Authorization Form is received.

e. Paperwork:

   i. The audiologist or student will complete the patient’s encounter form
      1. As usual for an evaluation if we complete an audiologic evaluation
         a. Insurance will be billed if applicable
      2. As a “consult” if patient brings in a current audiologic evaluation

   ii. The audiologist or student will complete the Referral Activation Form in detail.
      1. Include specific hearing aid information:
         make/model/features/color/slim tube or receiver
      2. Include number of earmolds and earmold lab (if not specified on the form, Emtech is the default lab for EPIC)

   iii. The audiologist or student will FAX the Referral Activation Form to 626-723-2176 for EPIC approval

   iv. The audiologist or student will staple a copy of the Referral Activation Form to the patient’s encounter form
v. The audiologist or student will file the original Referral Activation Form and the FAX “transmission confirmed” sheet in the patient’s chart.

B. **Step 2: Authorization is Received; Hearing Aid(s) is Ordered**
   a. Clinic reception receives a completed Authorization Form with specific Purchase Order numbers and Bill To Account numbers relative to the specific patient
      i. Clinic reception notifies Audiologist that the Authorization Form has been received
   b. Audiologist or student orders the hearing aid(s) using the specific P.O. and Bill To Account numbers provided by EPIC, and with the University of Arizona Hearing Clinic as the Ship To Office address. Earmolds: Order using the appropriate EPIC provided account information for Emtech Labs.

   **Emtech: 1-800-336-5719** Check website for EM materials and style:  [www.emtech-labs.com](http://www.emtech-labs.com)

   On the ORDER FORM:
   - Use EPIC account number for BILL TO
   - List the EPIC P.O.
   - Use UA address for SHIP TO
   - **NOTE:** THERE IS NO UofA account number for Emtech! You **MUST use the EPIC account** number!

   i. Note: If the impression(s) has sat on the shelf for more than 30 days, the patient will need to be scheduled for new impressions.
   ii. ITE: Order using the appropriate EPIC provided account information. Note: If the impression(s) has sat on the shelf for more than 30 days, the patient will need to be scheduled for new impressions.
   iii. BTE: Call the manufacturer to order the appropriate hearing aid(s) using the EPIC provided account information

c. Audiologist or student logs the hearing aid order into the HI Log as usual
   i. Write “EPIC” and the P.O. number in the comments column

d. Clinic reception calls the patient to schedule a hearing aid fitting appointment.

C. **Step 3: Hearing Aid Fitting**
   a. Hearing aids are fit in the usual manner
   b. TWO follow up appointments are made to cover the 45-day trial period allowed by EPIC
      i. **NOTE:** If the patient has selected BASIC LEVEL tier hearing aids from EPIC, THE PATIENT IS RESPONSIBLE FOR PAYING EPIC FOR THE FOLLOW-UP VISITS. EPIC then pays the U of AZ for those visits.

c. Paperwork:
   i. Encounter form
      1. Mark with V5011 – Fit / Orientation of Hearing Aids
      2. Mark appropriate hearing aid and Earmold codes
      3. If there is a service agreement, mark this code as well, noting the length. (No service agreement for Basic, one year for all others)
      4. Leave ALL fee areas BLANK (to be completed later by Billing Staff)
      5. Write EPIC across the top of the encounter form or CIRCLE it in the Insurer area (top right corner)
      6. Staple a copy of the EPIC Authorization Form to the encounter form

D. **Step 4: First Hearing Aid Follow Up**
a. Clinical procedures as normal.
b. If it is a follow-up for a BASIC LEVEL tier hearing aid, mark the Encounter Form as appropriate and submit to our Billing Office (Lacy) for submission to EPIC.

E. **Step 5: Hearing Aid Trial Closure:** At the time of the final follow up (45-day trial allowed by EPIC)
   a. Clinical procedures as normal
   b. If it is a follow-up for a BASIC LEVEL tier hearing aid, mark the Encounter Form as appropriate and submit to our Billing Office (Lacy) for submission to EPIC.
   c. **Paperwork:**
      i. The audiologist completes and patient signs the bottom portion of the EPIC Authorization Form
         1. Note that this includes a section regarding REM, COSI, etc
      ii. The billing staff FAX the completed Authorization Form back to EPIC for payment
Services for Special Olympics Athletes

The U of A Hearing Clinic has a longstanding history of involvement with the Special Olympics. Because of this, we are willing to provide services at a discount for athletes with limited income. This includes:

- **Children**: Children who qualify based on their family income in the usual manner, will be provided services through the Children’s Hearing Fund as long as such funds are available. Co-payment for services will apply.
- **Adults**: Adult Olympians who meet the same income qualification criteria as for the Children’s Hearing Fund will be charged only half of our usual and customary fees for services.