



INVOICE FORM

REVISED 7.1.21

Applicant's Information

Applicant's Name: _____ DOB: _____

Fitting Audiologist: _____ PO# _____

Billing Information

Make Check Payable to: _____

Billing Office Address: _____

Billing Contact: _____ Phone Number: _____

Email: _____

Initial Fitting

Fitting Date: _____ Unilateral Fitting, \$400 Bilateral Fitting, \$600

Device(s) Fit: _____

Follow-Up

Follow-Up Date: _____

Please check all that was completed during the appointment.

Comprehensive audiogram

Aided speech perception testing

Earmold impression(s)/fitting

Hearing aid real-ear verification and reprogramming as necessary

Unilateral Follow-Up, \$250

Bilateral Follow-Up, \$350

Required Documentation:

Datalogging
 _____ hours per day, right device
 _____ hours per day, leftdevice

I've included a copy of the audiogram from the follow-up

 Audiologist's Signature Date