



# INVOICE FORM

REVISED 8.11.2022

## Applicant's Information

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Fitting Audiologist: \_\_\_\_\_ PO# \_\_\_\_\_

## Billing Information

Make Check Payable to: \_\_\_\_\_

Billing Office Address: \_\_\_\_\_

\_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** Please fill out EITHER the initial or follow up section below, not both. Follow up appointments must take place more than **365 days** after the initial fitting to be covered

## Initial Fitting - Complete at Initial visit

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

Device(s) Fit: \_\_\_\_\_

## Follow-Up - Complete at Annual Visit

Initial Fit Date: \_\_\_\_\_

Follow-Up Date: \_\_\_\_\_

### Please check everything 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, left device
- I've included a copy of the audiogram from the follow-up

\_\_\_\_\_  
Audiologist's Signature

\_\_\_\_\_  
Date

Please send all invoices to [accountspayable@haapindiana.org](mailto:accountspayable@haapindiana.org)