



## INVOICE FORM

REVISED 7.1.2025

### 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

☐ I certify that this child is at least 3 years old and has not yet graduated from high school.

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

\_\_\_\_\_  
Date

Please submit this invoice to [accountspayable@haapindiana.org](mailto:accountspayable@haapindiana.org) within 90 days of appointment.