**Massachusetts Department of Public Health**

**Bureau of Family Health and Nutrition**

**Hearing Aid Program for Infants and Children**

**250 Washington Street, 5th Floor**

**Boston, MA 02108**

**Telephone: 1-800-882-1435 or 781-234-5836**

**Please submit this completed quote to** **sarah.stone@mass.gov** **or fax to**

**857-323-8318. Quotes must be approved prior to eligibility determination.**

NAME OF CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERRING AUDIOLOGIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEARING TESTING CENTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEARING AID DISPENSING CENTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENDOR CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEARING AID #1: HEARING AID #2

**Hearing Aid unit cost:** \_\_\_\_\_\_\_\_ **Hearing Aid unit cost:** \_\_\_\_\_\_\_

**Dispensing Fee:** $307.16 **Dispensing Fee:** $307.36

**Earmold:** \_\_\_\_\_\_\_\_ **Earmold:** \_\_\_\_\_\_\_\_

Unit cost + $15.32 Unit cost + $15.32

**Impression Fee:** $15.32 **Impression Fee:** $15.32

**Batteries:** $1.63 per battery **Batteries:** $1.63 per battery

Package #1: =\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Package #2: =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other services:**

Monoaural evaluation: $23.59

Binaural evaluation: $34.99

Assessment for a hearing aid: $60.88

**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

APPROVED NOT APPROVED

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_