



**Heuser Hearing & Language Academy**

**111 East Kentucky Street  
Louisville, KY 40203  
(502) 636-2084 Phone No.  
(502) 636-9171 Fax No.**

**AUDIOLOGICAL RELEASE FORM**

I \_\_\_\_\_, Parent/Legal Guardian of \_\_\_\_\_  
give my permission to the Heuser Hearing & Language Academy/ Heuser Hearing  
Institute to administer all necessary audiological tests and hearing aid evaluations.

I also agree to take the responsibility of having my child's aids repaired when needed and  
will cover the theft, loss or damage of any loaner aid my child may wear.

It is my understanding I will be expected to pay for any extra accessories supplied by  
HHLA throughout the year.

**TYPICAL HEARING AID FEES:**

- Earmolds – \$60.00 per mold
- Batteries - \$6.00/Pack
- Loaner Hearing Aid Deposit - \$500.00

**TYPICAL COCHLEAR IMPLANT FEES (Out of Warranty):**

- Earmolds – \$60.00 per mold
- Batteries - \$6.00/Pack
- Earhook - \$8.75
- Snug Fit - \$26.00
- Coil Cable / Coil - \$290.00

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**Method of Payment**

**1. Will be paying personally for audiology supplies, or do you have 3<sup>rd</sup> party payer?**

\_\_\_\_\_ Will pay personally      \_\_\_\_\_ 3<sup>rd</sup> party payment

**2. If you have a 3<sup>rd</sup> party payer, then please list the name of the agency, address  
and appropriate contact person.**

\_\_\_\_\_

**3. Do you prefer to be billed for supplies monthly as they occur, or on an  
accumulative (per semester) basis?**

\_\_\_\_\_ Monthly      \_\_\_\_\_ Semester