

Department of Families  
 Provincial Services  
 Health Services Programs  
 100-114 Garry Street  
 Winnipeg Manitoba R3C 4V4

Phone: (204) 945-5530  
 Fax: (204) 945-3930



**Provider Information:**

**Client Information:**

Provider:		SAHS:	DOB:
		Last Name:	First Name:
Address:		Address:	
Phone:	Fax:		

DESCRIPTION	UNIT PRICE	Amount
Left Hearing Aid Not to exceed \$1800		
Right Hearing Aid Not to exceed \$1800		
Dispensing Fee First Aid	250.00	
Dispensing Fee Second Aid	150.00	
Left Ear Impression	20.00	
Right Ear Impression	20.00	
Left Ear Mold	48.00	
Right Ear Mold	48.00	
Air and Bone Conductive	7.45	
Speech Test	11.80	
Supra threshold test	1.80	
Impedance Audiometry	14.85	
Hearing Aids Selection: Monaural	14.85	
Binaural	22.40	
Hearing Aid Orientation visit	14.85	
Follow up visits (two visit per ear)	7.45	
Validation testing	29.85	
Electroacoustic test: Monaural	14.85	
Binaural	28.75	
Battery		
Battery size		
Miscellaneous: (Repairs, cleaning, etc)		
	<b>TOTAL</b>	

Comments:

Authorized by:

Date: