

LIONS OF MICHIGAN FOUNDATION
Dr. Robert Mathog Lions Hearing Center – Greater Michigan
Affordable Hearing Aid Program

Level 1 - Hearing Aid Selection Form

This form should be completed jointly by the hearing professional who will be dispensing the hearing aids and the approved Affordable Hearing Aid Program client.

All dispensers of hearing aids for Lions of Michigan Foundation Affordable Hearing Aid Program clients must be licensed to conduct business and dispense hearing aids in the state of Michigan.

Level 1 clients have been determined to have annual household incomes at or below 150% of Federal Poverty Guidelines. For current poverty guidelines, visit: <https://aspe.hhs.gov/poverty-guidelines>.

No hearing aids nor ear molds will be ordered until the associated co-pay has been received by our office. Once the co-pay is received, hearing aids will be ordered and sent directly to the audiologist or hearing professional for dispensing.

The audiologist or hearing professional is responsible for collecting all fees associated with testing, fitting and dispensing our hearing aids to the client. The Lions of Michigan Foundation and our Lions Hearing Centers will not be responsible for collecting or paying the hearing professionals fees. We ask that hearing professionals treating our clients consider that we are operating a charitable program when negotiating fitting and dispensing fees with our clients, and we request that associated fees be established at less than \$150 per hearing aid or at actual cost for labor and supplies.

HEARING AID DISPENSER:

| | |
|-----------------|--|
| Facility Name: | |
| Contact Person: | |
| Address: | |
| City/State/Zip: | |
| Telephone/Fax: | |
| Email/Website: | |

CLIENT NAME: _____

WAS THE CLIENT PREVIOUSLY AIDED? Yes No

PREFERRED HEARING AID SHELL COLOR: Beige Brown Gray Other: _____

PROGRAMMING REQUIREMENTS:

Software Cables Programming Boots Other: _____

HEARING AIDS REQUIRED: Left Ear Right Ear

EAR MOLDS REQUIRED: Left Ear Right Ear

HEARING AIDS REQUESTED:

GN ReSound – www.gnresound.com – 800-248-4327

Enya 2 – Type: _____ VEA 2 – Type: _____

Enya 3 – Type: _____ Standard___ Power___

Client Co-Pay: _____ Hearing Aids @ \$150 Each = _____

Client Co-Pay: _____ Ear Molds @ \$25 Each = _____

OTICON – www.oticon.com – 800-526-3921

Ria 2 – Type: _____ – Standard___ Power___

Ria 2 – Power Plus – BTE Ria 2 – RITE___ MiniRITE___

Client Co-Pay: _____ Hearing Aids @ \$150 Each = _____

Client Co-Pay: _____ Ear Molds @ \$25 Each = _____

PHONAK – www.phonak.com - 630-699-5682 or 800-777-7333

Audeo V30 – RIC Bolero V30 – BTE

Naida V30 – RIC Virto V30 – ITE

Client Co-Pay: _____ Hearing Aids @ \$150 Each = _____

Client Co-Pay: _____ Ear Molds @ \$25 Each = _____

PRAIRIE LABS – www.prairielabs.com – 800-322-8238

Patriot 4 – Type: _____

675 Power – Standard___ Super Power___

Client Co-Pay: _____ Hearing Aids @ \$50 Each = _____

Client Co-Pay: _____ Ear Molds @ \$25 Each = _____

STARKEY – www.starkey.com – 800-328-8602

Aries – BTE – Standard___ High Power___

Client Co-Pay: _____ Hearing Aids @ \$50 Each = _____

Z-Series i30 – RIC___ mRIC___ Muse i1000 – RIC___ mRIC___

Client Co-Pay: _____ Hearing Aids @ \$150 Each = _____

Client Co-Pay: _____ Ear Molds @ \$25 Each = _____

UNITRON – www.unitronhearing.com – 763-744-3401 or 800-888-8882

Shine Rev 4 – Type: _____ – Standard___ High Power___

North Moxi Fit 500 – Type: _____ – Standard___ Power___ Super Power___

Stride 500 Series – Slim Tube___ Ear Hook___

Client Co-Pay: _____ Hearing Aids @ \$150 Each = _____

Client Co-Pay: _____ Ear Molds @ \$25 Each = _____