

**LIONS OF MICHIGAN FOUNDATION**  
**Dr. Robert Mathog Lions Hearing Center – Southeast 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 = \_\_\_\_\_