

Welcome and thank you for choosing ENT & Allergy of Delaware for your audiology needs. As a self-pay patient, you are entitled to a good faith estimate, which outlines the potential costs associated with your evaluation and treatment in our office.

The good faith estimate below is based on a suggested treatment plan for you. This treatment plan may change during our time together and you are entitled to an updated good faith estimate at any time. The information provided in this estimate, and any subsequent estimate, is only an estimate and actual items, services, and charges may be different. At any point during treatment, you have the right to engage in dispute resolution if the actual costs of services significantly exceed those listed in the estimate below. This estimate does not obligate you to continue treatment or obtain any of the listed services from ENT & Allergy of Delaware.

Hearing Aid Check & Audiology Assistant Check		
92592/92593	Hearing Aid Check	\$25-\$65
V55014	Programming/Adjustment of Hearing Aid	\$75
V5241/V5260/V5200/ V5240/92700	Dispensing Fee	\$250-\$750
	Lyric Fitting Fee/Hearing Aid Check	\$50-\$75
V5299	Service Contract	\$250-\$1500
V5267	Tubing Replacement	\$2.50-\$5 each
V5264	Earmold, Custom (Hearing Aid)	\$95-\$227.50
V5265	Domes/Non-Custom Earpieces	\$10-\$15
V5014	Hearing Aid Repair/Remake	\$150-\$575 each
V5299	Loss & Damage Deductible	\$400-\$500
V5266	Batteries	\$4-\$45
V5267	Wax Traps	\$10 per pack
V5267	Otoclips	\$12-\$16
V5267	Battery Tester	\$6-\$15
V5267	Audio Wipes	\$8
V5267	Ear Lubricant/Itchy Ear Lotion	\$5-\$8



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V5267	Dri-ing Cap/Jar/Brik/Machine	\$15-\$99
V5267	Earmold Blower	\$5
V5264	Earplugs, Custom (Recreational/Occupational)	\$80-\$135
V5264	DefendEar Electronic Noise Plugs	\$785-\$1130
C5267	Comply Wrap	\$15
V5299	Shipping/Handling	\$5-\$50

Amplification		
V5257/V5261/V5256/ V5260/V5255/V5259/ V5254/V5258	Acoustic Hearing Aids – BTE/RIC, ITE, HS/ITC, CIC/IIC	\$995-\$3025 each
V5268/V5269/V5270/ V5274/V5281/V5282/ V5283/V5284/V5286/ V5288/V5290	Assistive Listening Devices (Alerting, Telephone, Television, Personal FM, Microphone, Misc.)	\$80-\$700
V5171/V5172/V5181/ V5211/V5214/V5221	CROS/BiCROS System	\$1450-\$4475 each
V5298	Lyric Subscription	\$1750 each
V5298	Earlens Hearing System	\$7,500 each
L8691/L9900/92700	Baha/Osia	\$450-\$5995

This good faith estimate lists services that will be furnished at ENT & Allergy of Delaware and applies to all providers in this practice.

By signing this document, you acknowledge that you have received and understand your financial responsibilities to this practice, if you choose to receive services. If you would like to seek reimbursement from your health insurance, we can provide a superbill at the end of your visit(s). Please note that our rates may be different from your insurance reimbursement rate and reimbursement rates could be lower. We recommend that you check with your insurance provider for rates and coverage of services.

Patient Signature: _____ Date: _____

Name: _____ DOB: _____ Acct # _____

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