

Name of Client _____ Date of Birth _____ Age _____ Date of Service _____

Address: City, State Zip Code _____ Phone # _____

Diagnostic Services

Audiology

- ___ Basic Evaluation: \$45.00
Pure Tone, SRT/Disc., Impedence, and Interpretation of Results
- ___ Pure Tone \$15.00
- ___ SRT/Disc \$15.00
- ___ Impedance \$15.00
- ___ Special Tests @ \$15.00 each (listed below) \$
1 _____ 2 _____ 3 _____
- ___ Hearing Aid Evaluation/Counseling \$45.00
- ___ Central Evaluation (Central Auditory Processing) \$30.00
- ___ Conditioning for Children (no results) \$15.00
- ___ Hearing Screening \$10.00
- ___ Consultation: \$10.00
(client, spouses, parent and/or guardian, student clinician, supervisor)

Speech Language

- ___ Basic Evaluation: Articulation, Language, Fluency, Voice, \$45.00
Hearing, Screening, Interpretation of Results
- ___ Reevaluation within one year \$15.00
- ___ Speech-Language Screening \$10.00
- ___ Consultation: \$10.00
(client, spouses, parent and/or guardian; student clinician, supervisor)

Fees are subject to change

All diagnostic fees are due upon receipt of services unless prior arrangements have been made through the Director of Clinical Services.

Management/Treatment fees are payable within 10 days of the initial date of the services unless other arrangements have been made with the Director of Clinical Services

Management / Treatment Services

- ___ Diagnostic Therapy _____ @ \$25.00 per session _____
Dates: _____
- ___ Management/Treatment Sessions: M/T Sessions are
approximately 50 minutes in length
2 x a week for 6 weeks \$50.00
- ___ Summer Camp w/ Management Treatment
2 x week for 1hour 50 minutes \$80.00

Reduction in fees applies due to:

- ___ Faculty / Staff _____ Emeriti Faculty
- ___ Student _____ Medicaid (copy card on back)
- ___ Senior Citizen (>65) _____ MC+ (copy card on back)
- DX: \$25.00 Other: _____
- M/T: 50% disct.

Total Amount Due: \$ _____

Date Paid: _____ Cash _____ Check _____ # _____
Make Checks payable to: UCM

CLINICIAN(S) NAME: _____