

Infant Hearing Program  
Screening Services Invoice Summary



Agency Name \_\_\_\_\_  
Month/Year \_\_\_\_\_

Test Name	Amount (# tests)	Cost (\$/test)	Total (\$)
ADPOAE		10	0
AABR		20	0
TOTAL			0

\*Note: An Excel spreadsheet will be provided by Early Abilities

### **2018/2019 Screening Fee Schedule:**

Automated Distortion Product Otoacoustic Emissions (“ADPOAE”) is compensated at \$10 per completed screening form (Schedule “J”) that includes one of the following results:

- (a) Pass, or
- (b) Refer, or
- (c) No result

Automated Auditory Brainstem Response (“AABR”) is compensated at \$20 per screening form that includes one of the following results:

- (a) Pass, or
- (b) Refer, or
- (c) No Result

**Tracking forms on babies that did not receive a pre-discharge a screen (DNT) should be promptly forwarded to The Infant Hearing Program to ensure appropriate follow up for the infants.**

### **Invoicing:**

The hospital will provide monthly invoices to IHP for every completed screening form for ADPOAE and AABR within 10 days of the last day of each month.

Each invoice must contain services only for one month. (I.e. January 1<sup>st</sup> – January 31<sup>st</sup>) and must be accompanied by Screening Services Invoice Summary

ADPOAE is compensated at a rate of \$10 per screen, AABR is compensated at a rate of \$20 per screen. If both services are performed on one baby, then a total of \$30 can be charged.

The invoice will be generated by the Hospital, based upon the cost arising from the combined number of Screening Cost and Tracking Forms submitted each month. The invoice and summary form for each installment will be sent to:

City of Toronto  
Accounting Services Division  
Corporate Accounts Payable  
55 John Street  
14th Floor, Metro Hall  
Toronto, ON M5V 3C6

***With a copy to:***  
Toronto Public Health, Early Abilities  
225 Duncan Mill Rd., Suite 201  
Toronto, ON  
M3B 3K9  
Attention: Evelyn Pepe