



Infant Hearing Program
 Audiology Services Monthly Invoice Summary

- ▶ One summary sheet per month to accompany the monthly invoice.
 The "Total" column self-populates.

Service Provider _____
 Month _____

Test Name	Amount (# test)	Time (hours)	Cost (\$/hour)	Total (\$)
Diagnostic Process (Dx #1-#3)			125	0
Intensive Surveillance ABR			125	0
Surveillance VRA			125	0
Habilitation/Counselling			125	0
Hearing Aid Prescription/Evaluation			125	0
Hearing Aid Verification and Fitting			125	0
Hearing Aid Follow Up			125	0
Hearing Assessment			125	0
Outcome Measures			125	0
TOTAL				0

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