



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

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 1st – January 31st) 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
apinvoice@toronto.ca

With a copy to:
Toronto Public Health, Early Abilities
225 Duncan Mill Rd., Suite 201
Toronto, ON
M3B 3K9
Attention: Linda Yapoujian
earlyabilities@toronto.ca