

# Cost Tracking Form

Agency Name \_\_\_\_\_  
 Month \_\_\_\_\_

Complete Cost Tracking Form weekly and fax to "AUDIOLOGY INVOICING" at (416) 696-4205. Each Cost Tracking Form must be accompanied by the associated Audiology Assessment Tracking forms and Audiograms. The Cost Tracking Forms completed each month should accompany the Audiology Services Monthly Summary and must be submitted within 10 days of the last day of each month. Age, Hours and Total are auto-populated fields. Hours are calculated based on maximum allowable time. Include only services for a single month on each form (e.g. Cost Tracking Form for January service dates does not include December or February service dates).

#	Client Name Last Name, First	Toronto	Date of Birth	Service Date	Age (m)	Type of Service										Hours	Total	Referral	C/ No Show
		*If No	dd/mm/yy	dd/mm/yy		Dx Pro	Sx ABR	Sx VRA	Hab Ass	HA P/E	HA V&F	HA F/U	HA Ass	OM	\$125	(FSW)			
1			25-Dec-08	1-Oct-14	69	2	1	0.5	1	1	1	1.5	1.5	0.5	10	\$ 1,250.00			
2		*	26-Dec-10	2-Oct-14	45	2.5	1.5	1	1.5	1.5	1.5	2	2	1	10	\$ 1,250.00			
3			27-Dec-12	3-Oct-14	21	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	9.5	\$ 1,187.50			
4															0	\$ -			
5															0	\$ -			
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48																0	\$	-		
49																0	\$	-		
50																0	\$	-		
					Age	Dx Pro	Sx ABR	Sx VRA	Hab Ass	HA P/E	HA V&F	HA F/U	HA Ass	OM	Hours	Total		Faxes	No Show	
0	Total				45	6	4	3	4	4	4	5	5	3	29.5	\$ 3,687.50		0	0	

Hearing Aid Verification and Fitting (HA V&F), Hearing Aid Follow Up (HA F/U), Hearing Assessment (HA Ass), Outcome Measures (OM).

Descriptions and maximum values are located on the "Descriptions" Tab