



**LIONS OF MICHIGAN FOUNDATION**  
**Dr. Robert Mathog Lions Hearing Centers**  
**Affordable Hearing Aid Program**

Level 1 - Hearing Aid Selection Form

This form should be completed jointly by the hearing professional who will be dispensing the hearing aids and the approved Lions of Michigan Affordable Hearing Aid Program client. All dispensers of hearing aids must be licensed to conduct business and dispense hearing aids in the state of Michigan.

Level 1 clients have been determined to have annual household incomes at or below 125% of Federal Poverty Guidelines and/or special circumstances that create substantial need.

No hearing aids nor ear molds will be ordered until the associated co-pay has been submitted or special arrangements have been approved by Lions of Michigan Foundation/Lions Hearing Centers staff. All hearing aids will be shipped directly by the supplier to the audiologist or hearing professional for dispensing to the client.

The audiologist or hearing professional is responsible for collecting all fees associated with testing, fitting and dispensing our hearing aids to the client unless special arrangements have been made with Lions of Michigan Foundation/Lions Hearing Centers staff. We ask that hearing professionals treating our clients consider that we are operating a charitable program when establishing fitting and dispensing fees, and we request that associated fees be established at less than \$150 per hearing aid or the actual out-of-pocket costs for labor and necessary supplies.

**HEARING AID DISPENSER:**

Facility Name:	
Contact Person:	
Address:	
City/State/Zip:	
Telephone/Fax:	
Email/Website:	

**CLIENT NAME:** \_\_\_\_\_

**WAS THE CLIENT PREVIOUSLY AIDED?**     Yes     No

**PREFERRED HEARING AID SHELL COLOR:**     Beige     Brown     Gray     Other: \_\_\_\_\_

**PROGRAMMING REQUIREMENTS:**

Software     Cables     Programming Boots    Other: \_\_\_\_\_

**HEARING AIDS REQUIRED:**     Left Ear     Right Ear

**EAR MOLDS REQUIRED:**     Left Ear     Right Ear

HEARING AIDS REQUESTED:

Receiver/Dome Notes: \_\_\_\_\_

**GN ReSound – www.gnresound.com – 800-248-4327**

Enya 2 – Type: \_\_\_\_\_  Enzo 2 – Type: \_\_\_\_\_

Enya 3 – Type: \_\_\_\_\_ Standard\_\_\_ Power\_\_\_

Client Co-Pay: \_\_\_\_\_ Hearing Aids @ \$100 Each = \_\_\_\_\_

Client Co-Pay: \_\_\_\_\_ Ear Molds @ \$25 Each = \_\_\_\_\_

**OTICON – www.oticon.com – 800-526-3921**

Ria 2 – Type: \_\_\_\_\_ – Standard\_\_\_ Power\_\_\_

Ria 2 – Power Plus – BTE  Ria 2 – RITE\_\_\_ MiniRITE\_\_\_

Client Co-Pay: \_\_\_\_\_ Hearing Aids @ \$100 Each = \_\_\_\_\_

Client Co-Pay: \_\_\_\_\_ Ear Molds @ \$25 Each = \_\_\_\_\_

**PHONAK – www.phonak.com - 630-699-5682 or 800-777-7333**

Audeo B30- 13 – RIC  Bolero B30- SP – BTE

Naida B30 SP – RIC  Virto B30 -13– ITE

Client Co-Pay: \_\_\_\_\_ Hearing Aids @ \$100 Each = \_\_\_\_\_

**PRAIRIE LABS – www.prairielabs.com – 800-322-8238**

Patriot 4 – Type: \_\_\_\_\_

675 Power – Standard\_\_\_ Super Power\_\_\_

Client Co-Pay: \_\_\_\_\_ Hearing Aids @ \$25 Each = \_\_\_\_\_

Client Co-Pay: \_\_\_\_\_ Ear Molds @ \$25 Each = \_\_\_\_\_

**STARKEY – www.starkey.com – 800-328-8602**

Aries – BTE – Standard\_\_\_ High Power\_\_\_

Client Co-Pay: \_\_\_\_\_ Hearing Aids @ \$25 Each = \_\_\_\_\_

Z-Series i30 – RIC\_\_\_ mRIC\_\_\_  Muse i1000 – RIC\_\_\_ mRIC\_\_\_

Client Co-Pay: \_\_\_\_\_ Hearing Aids @ \$100 Each = \_\_\_\_\_

Client Co-Pay: \_\_\_\_\_ Ear Molds @ \$25 Each = \_\_\_\_\_

**UNITRON – www.unitronhearing.com – 763-744-3401 or 800-888-8882**

Shine Rev 4 – Type: \_\_\_\_\_ – Standard\_\_\_ High Power\_\_\_

T Moxi Fit – Type: \_\_\_\_\_ – Standard\_\_\_ Power\_\_\_ Super Power\_\_\_

Stride 500 Series – Slim Tube\_\_\_ Ear Hook\_\_\_

Client Co-Pay: \_\_\_\_\_ Hearing Aids @ \$100 Each = \_\_\_\_\_

Client Co-Pay: \_\_\_\_\_ Ear Molds @ \$25 Each = \_\_\_\_\_