



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

Level 2 - 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 2 clients have been determined to have annual household incomes at or below 225% 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 @ \$150 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 @ \$150 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 @ \$150 Each = _____

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

Patriot 4 – Type: _____

675 Power – Standard___ Super Power___

Client Co-Pay: _____ Hearing Aids @ \$50 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 @ \$50 Each = _____

Z-Series i30 – RIC___ mRIC___ Muse i1000 – RIC___ mRIC___

Client Co-Pay: _____ Hearing Aids @ \$150 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 @ \$150 Each = _____

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