

**YES. / NO**

# HEARING HELP CHECKLIST

*THESE ARE IMPORTANT QUESTIONS TO FIND OUT AN ANSWER TO BEFORE PURCHASING ANY HEARING AID DEVICES OR COMMITTING TO A SERVICE PROVIDER OR CARE PLAN.*

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01	<b>I HAVE RECEIVED A COMPREHENSIVE AND DIAGNOSTIC EVALUATION TO RULE OUT ANY MEDICAL CONCERNS WITH MY HEARING.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
02	<b>I KNOW HOW LONG I WILL RECEIVE CARE WITH MY PLAN WITHOUT ANY ADDITIONAL FEES.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
03	<b>MY HEARING AIDS WILL BE PROGRAMMED WITH PROBE MIC MEASUREMENTS TO ACHIEVE A PRESCRIPTIVE FIT.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
04	<b>I KNOW THE COST OF THE HEARING AIDS AND THE COST OF SERVICES AND WHETHER THESE CAN BE OBTAINED SEPARATELY.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
05	<b>MY PROVIDER HAS REVIEWED MY TEST RESULTS AND EXPLAINED RECOMMENDATIONS IN A WAY I UNDERSTAND.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
06	<b>MY CARE PLAN WILL INCLUDE AURAL REHABILITATION OR ASSISTIVE DEVICES AS NEEDED FOR MY SITUATION.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
07	<b>MY CARE PLAN WILL INCLUDE A CLEAR FOLLOW-UP SCHEDULE TO INCLUDE TESTING WITH AND WITHOUT HEARING AIDS.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
08	<b>I KNOW WHETHER I AM WORKING WITH AN AUDIOLOGIST OR A DISPENSER AND HAVE CONFIRMED THEIR LICENSURE STATUS.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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# HEARING HELP CHECKLIST

## CONTINUED...

*MORE IMPORTANT QUESTIONS TO FIND OUT AN ANSWER TO BEFORE PURCHASING ANY HEARING AID DEVICES OR COMMITTING TO A SERVICE PROVIDER OR CARE PLAN...*

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09	<b>I KNOW IF MY DEVICES WILL HAVE A TELECOIL, IF THEY ARE BLUETOOTH COMPATIBLE, AND WHETHER ASSISTANCE IS AVAILABLE.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10	<b>I KNOW HOW LONG MY DEVICE WARRANTIES WILL BE AND WHAT WILL BE COVERED.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11	<b>I HAVE CHECKED ABOUT INSURANCE BENEFITS, VETERAN BENEFITS, FINANCIAL ASSIST PROGRAMS, VOCATIONAL REHABILITATION...</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12	<b>I HAVE CONFIRMED THAT THE DEVICES I AM CONSIDERING ARE UNLOCKED SO THAT ANY PROVIDER CAN WORK WITH THE SOFTWARE.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13	<b>I UNDERSTAND THAT OVER-THE-COUNTER DEVICES ARE NOT PRESCRIPTIVE DEVICES AND CANNOT BE PROGRAMMED AS SUCH.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14	<b>I FEEL COMFORTABLE WITH HOW TO ACCESS ONGOING CARE WITH THE DEVICES I AM CONSIDERING.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15	<b>MY PROVIDER WILL RE-EVALUATE MY HEARING REGULARLY AND RE-PROGRAMMING MY DEVICES TO KEEP THEM AT PRESCRIPTION.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16	<b>I KNOW THE SCHEDULE TO KEEP MY DEVICES CLEAN, DRY, AND IN WORKING CONDITION AND WHETHER THIS WILL INCUR ANY FEES.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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THIS CHECKLIST HAS BEEN PROVIDED TO YOU BY THE CARE PROVIDERS AT EMPIRE AUDIOLOGY IN HARTSVILLE, SC. WE HOPE YOU WILL FIND EXCELLENT CARE AND BE ABLE TO ANSWER YES TO ALL OF THESE QUESTIONS!