Policy
The dispensing of hearing aids is very important to the Department of Communication Sciences and Disorders for two main reasons. First, learning how to dispense and fit hearing aids provides a practical experience for the graduate students and it augments material taught in the Aural Rehabilitation (CSD 466) and Audiology Practicum (CSD 771 and CSD 772) courses. The dispensing of hearing aids is an important part of instruction and research in speech-language and hearing programs. Second, the dispensing of hearing aids is consistent with the UW-River Falls select mission of serving the citizens of the Greater St. Croix Valley; specifically: “The university provides public service by using its resources to address problems and concerns throughout the state and region. Special emphasis is placed on cooperative extension, extension and economic development outreach.”

Authority
The UW-River Falls Chancellor issues this policy in accordance with the Administrative Policy process.

The ACBF is responsible for the administration of this policy. To request an exception to this policy, mailto: administrative-policy@uwrf.edu.

Sanctions and Appeals Process
Failure to adhere to the provisions of this policy may result in appropriate disciplinary action as provided under existing procedures applicable to students, faculty, and staff, and/or civil or criminal prosecution.

Procedure
1. The testing and dispensing of hearing aids will be administered by a Wisconsin licensed audiologist within the Department of Communication Sciences and Disorders.
2. The clinic will dispense a maximum of 50 hearing aids annually.
3. Fees charged to patients for purchase will approximate those of area dispensers.
4. The patients will be told to explore other options regarding purchasing of a hearing aid by contacting other dispensers. They will also be told that they can purchase the hearing aid form the dispenser of their choice.
5. The clinic will not advertise the sale of hearing aids.

Attached are the current Department of Communication Sciences and Disorders Hearing Aid Purchase Agreement and Hearing Aid Price List and Payment Policy forms. The prices for hearing aids are subject to change as per section 5.0 #5.3.

University Responsibilities
None
**Department/Unit Responsibilities**

Communication Sciences and Disorders

To insure an ethical dispensing practice by abiding by the following federal laws and the University of Wisconsin Administration – General Administrative Policy Paper #3, March 10, 1987.

Federal Drug Administration 1977 law states that any person under 18 years of age must have medical clearance from a licensed physician before they can be fitted with a hearing aid. Any person over the age of 18 has the option of signing a medical clearance waiver statement.

Federal Communication Commission 1977 that any patient who purchases a hearing aid is entitled to try the hearing aid for 30 days and the patient may cancel the purchase agreement any time during that 30-day trial period.

The University of Wisconsin System Administration – General Administrative Policy Paper #37, March 10, 1987 II. Policy portion A-d will be adhered to and the components of that policy are found in section Procedure above.

**Background**

1. Statutes
2. System Policies – General Administrative Policy Paper #37
3. Past Practice

**Contact**

To direct questions about this policy, mailto: administrative-policy@uwrf.edu.
HEARING AID PURCHASE AGREEMENT

I. I have read and will abide by the UW-River Falls, Speech and Hearing Clinic, Hearing Aid Price List and Payment Policy Form.

II. I have been informed of the services and materials that are included in the purchase of the hearing aid(s).

III. I have been informed of the Food and Drug Administration regulations pertaining to physician referral.

IV. I have been informed of my rights to a 30 day trial period and that I may cancel this hearing aid purchase agreement at ANY TIME during the 30 day trial period.

V. I have been advised that any examination or representation made by the UW-River Falls Speech and Hearing Clinic in connection with the fitting and dispensing of this hearing aid(s) is not an examination, diagnosis or prescription by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice.

HEARING AIDS

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Qty.</th>
<th>Price/Aid</th>
<th>Sub Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

ACCESSORIES

TV Streamer $________________
Remote Control $________________
Phone Clip + (Blue Tooth Bridge) $________________
Mini-Microphone $________________
Accessories Sub Total $________________

Total Cost $________________

I am acknowledging receipt of this information by signing below.

Patient's Signature: ___________________________________________ Date: ______________

Dispenser's Signature: _________________________________________

Gary T. Cottrell, Ph.D., CCC-A License # 123 - 156
HEARING AID PRICE LIST and PAYMENT POLICY
REVISED – 1/1/2018

<table>
<thead>
<tr>
<th>Style</th>
<th>Cost per Digital Hearing Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR CELL BATTERY</td>
<td></td>
</tr>
<tr>
<td>BEHIND-THE-EAR (BTE)</td>
<td>Deluxe $3,310.00</td>
</tr>
<tr>
<td></td>
<td>Standard $2,795.00</td>
</tr>
<tr>
<td>IN-THE-EAR (ITE)</td>
<td>Deluxe $3,310.00</td>
</tr>
<tr>
<td></td>
<td>Standard $2,795.00</td>
</tr>
<tr>
<td>CANAL</td>
<td>Deluxe $3,555.00</td>
</tr>
<tr>
<td></td>
<td>Standard $2,999.00</td>
</tr>
<tr>
<td>COMPLETELY IN CANAL (CIC)</td>
<td>Deluxe $3,625.00</td>
</tr>
<tr>
<td></td>
<td>Standard $3,225.00</td>
</tr>
<tr>
<td>RECHARGEABLE BATTERY</td>
<td></td>
</tr>
<tr>
<td>BEHIND-THE-EAR (BTE)</td>
<td>Deluxe $3,428.00*</td>
</tr>
<tr>
<td></td>
<td>Standard $2,895.00*</td>
</tr>
</tbody>
</table>
* Purchase of Z-Power Rechargeable Kit Required to Operate. $450.00

<table>
<thead>
<tr>
<th>Accessories</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>TV Streamer</td>
<td>$590.00</td>
</tr>
<tr>
<td>Multi-Microphone</td>
<td>$525.00</td>
</tr>
<tr>
<td>Phone Clip + (Blue Tooth Bridge)</td>
<td>$460.00</td>
</tr>
<tr>
<td>Remote Control 2</td>
<td>$430.00</td>
</tr>
<tr>
<td>Rechargeable Batteries</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

**EACH CLIENT IS ENTITLED TO A 30-DAY HEARING AID TRIAL PERIOD**

INCLUDED IN THE PURCHASE OF THE HEARING AID(S)

- ✔ EAR IMPRESSION(S) AND EARMOLDS (If applicable)
- ✔ HEARING AID ORIENTATION/FITTING APPOINTMENT
- ✔ 30-DAY HEARING AID RECHECK APPOINTMENT
- ✔ ONE PACKAGE OF BATTERIES PER HEARING AID FOR AIR CELL BATTERY HEARING AID
- ✔ MANUFACTURER’S WARRANTY

**PAYMENT POLICY**

We request a down payment of the half the total cost at the time of purchase. The balance is due at the 30-day recheck should the client decide to keep their hearing aids(s)/accessories. Should the client decide to return the hearing aids(s)/accessories, the down payment will be refunded, less the cost of an earmold.

We recommend the client contact their health insurance to determine hearing aid coverage eligibility. Out of warranty repair total costs are the responsibility of the client.