



Specializing in Hearing Evaluations, Hearing Aids and Assistive Listening Devices

ACKNOWLEDGEMENT OF VOCATIONAL REHABILITATION HEARING AID DISPENSING SERVICES AND SUPPLIES

I understand that I will be allowed 4 follow-up visits in the 90 days following my hearing aid fitting. Subsequent office visits will be assessed a \$25.00 fee that will need to be paid at the time of my visit.

Starting Date: _____

Ending Date: _____

Expiration Date of Hearing Aid Warranty _____

A copy of this statement will be kept on file by Hearing Center, Inc. I acknowledge the receipt of a dri-aid kit, cleaning tool, and a package of batteries for my hearing aid(s).

By signing below, patient acknowledges having read the above and clearly understands the content.

Patient's Signature

Date

Eagle Highland Medical Building
3850 Shore Drive, Suite 105
Indianapolis, IN 46254
(317) 243-2888

SouthPlex Centre
8523 Madison Avenue, Suite C
Indianapolis, IN 46227
(317) 888-4244

Community Hospital North
7250 Clearvista Parkway, Ste 260
Indianapolis, IN 46256
(317) 621-5713

Community Hospital East
Audiology Department
1500 North Ritter Avenue
Indianapolis, IN 46219
(317) 355-5049

Prestwick Pointe
5250 E US Hwy 36, Suite 155
Avon, IN 46123
(317) 745-7849

Community Hospital Anderson
1601 Medical Arts Blvd., Suite 50
Anderson, IN 46011
(765) 298-4190

Zeck's Corner
931 S Washington Street
Kokomo, IN 46901
(765) 453-0200

Towne Square Plaza
1113 16th Street
Bedford, IN 47421
(812) 275-7498

359 S Landmark Ave
Bloomington, IN 47403
(812) 334-3919

3700 N Briarwood Lane, Suite A
Muncie, IN 47304
(765) 282-0346