



Hearing Aid Post-Dispensing Evaluation Form

Recipient Name: _____ MID Number: _____

Dispense Date: _____ Post-Evaluation Date: _____

INSTRUCTIONS: The Hearing Aid Post-Dispensing Evaluation Form must be signed by the hearing aid provider and the hearing aid recipient or guardian. A signed Hearing Aid Post-Dispensing Evaluation Form and manufacturer's invoice(s) must be submitted with all claims for **new** hearing aids.

1. Hearing Aid Provider

Satisfied with hearing aid(s)? Yes ___ No ___

Comments: _____

Signature _____ Date _____

2. Hearing Aid Recipient or Guardian

Satisfied with hearing aid(s)? Yes ___ No ___

Comments: _____

Signature _____ Date _____