

Midwest Center for Hearing Excellence

Dear Patient:

If you are not a Medicare recipient, YOU are responsible for verifying your Insurance Coverage prior to your scheduled testing.

Call your insurance to determine the following:

- a) If the scheduled test is an eligible benefit on your plan.
- b) If the provider is a participating provider on your plan.
- c) How much will be reimbursed towards the procedure.

YOU will be responsible to pay any balance that your insurance company does not cover

HMO/POS members must call their PCP to obtain any necessary referrals.

Please sign this form and bring it, as well as any required referrals, on the day of your testing.

THERE WILL BE A \$75.00 FEE ASSESSED WHEN APPOINTMENTS ARE NOT CANCELLED AT LEAST 24 HOURS IN ADVANCE

If you have any questions, please feel free to contact our office at (630) 668-2180 Ext. 7628.

Patient/Guardian Signature

Date

ABR
(AUDITORY BRAINSTEM RESPONSE TEST)

I.	DIAGNOSIS	ICD-9 389.10 HEARING LOSS 388.5 DISORDERS OF ACOUSTIC NERVE 780.4 DIZZINESS/VERTIGO 388.3 TINNITUS
II.	PROCEDURE	CPT-4 92585 BRAINSTEM EVOKED RESPONSE RECORDING
III.	FEE	\$347.00

ENG
(ELECTRONYSTAGMOGRAPHY/VIDEONYSTAMOGRAPHY)

I.	DIAGNOSIS	ICD-9 780.4 DIZZINESS/VERTIGO
II.	PROCEDURE	CPT-4 92545 SACCADE & TRACKING TEST 92544 OPTOKINETIC TEST 92543 BITHERMAL CALORIC TESTS 92542 POSITIONAL TESTS 92541 SPONTANEOUS NYSTAGMUS RECORDING 92547 VERTICAL ELECTRODE RECORDING
III.	FEE	\$521.00

EcoG
(ELECTROCOCHLEOGRAM)

I.	DIAGNOSIS	ICD-9 780.4 DIZZINESS/VERTIGO 389.10 HEARING LOSS 386.0 MENIERES DISEASE
II.	PROCEDURE	CPT-4 92584 ELECTROCOCHLEOGRAPHY
III.	FEE	\$272.00