



<b>Additional Eligibility Information Required for the Cochlear Implant Program</b>
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*Covered services pursuant to 46:30:08:03 are limited to the cost of implant surgery for one or both ears, cost of one or two implant devices, initial mapping, and 12 follow-up mappings per person per lifetime.* Please submit the following information which should be filled out by the provider:

**Estimated Costs / Fees of Implant Surgery:**

Physician's name:	Physician's fee
Medical Center's name	Medical Center's fee
Anesthesiologist's name	Anesthesiologist's fee
<b>Total Cost:</b>	

**Cost of one Implant Device:**

Device name / brand:	Single Device cost:
	If applicant is receiving 2 devices please list cost of second device:
<b>Total Device Costs:</b>	

**Estimated Cost of initial Mapping / Follow-up Mapping:**

Cost of initial Mapping:	
Cost of follow-up mapping:	
Anticipated number of follow-up mapping:	
<b>Total mapping Costs:</b>	

**Total Estimated Costs for Cochlear Implant:** \_\_\_\_\_

**Submit application to:**

Katie Gran  
 Division of Rehabilitation Services  
 811 E 10<sup>th</sup> St, Dept 21  
 Sioux Falls, SD 57103-1650  
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