

Certification of Hearing Impairment for Cochlear Implant Program

Applicant's Name: _____ Birth date: _____
Last First Middle

Name of Parent or Legal Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone: _____ Secondary Phone: _____

This certification must be completed by a Cochlear Implant Surgeon specializing in otology

Verification of Hearing Loss

An evaluation shows that the applicant meets the following eligibility requirements:

- Has a severe to profound hearing loss
- Is medically recommended for a cochlear implant

“Profound hearing loss” a hearing impairment of 91dBHL or more
“Severe hearing loss” a hearing impairment of 71dBHL to dBHL

Name: _____ Title _____
(Please type of print)

Agency: _____

Address: _____

City _____ State: _____ Phone: _____

It is my professional opinion that the applicant identified above has a severe to profound hearing loss and is medically recommended for a cochlear implant

Signature: _____ Date: _____

Additional Eligibility Information Required for the Cochlear Implant Program

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
Total Cost:	

Cost of one Implant Device:

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

Estimated Cost of initial Mapping / Follow-up Mapping:

Cost of initial Mapping:	
Cost of follow-up mapping:	
Anticipated number of follow-up mapping:	
Total mapping Costs:	

Total Estimated Costs for Cochlear Implant: _____

Submit application to:
 Shayna Ebben
 Division of Rehabilitation Services
 1310 Main Ave S Ste. 107A
 Brookings, SD 57006
Shayna.Ebben@state.sd.us
 FAX: 605.688. 5497