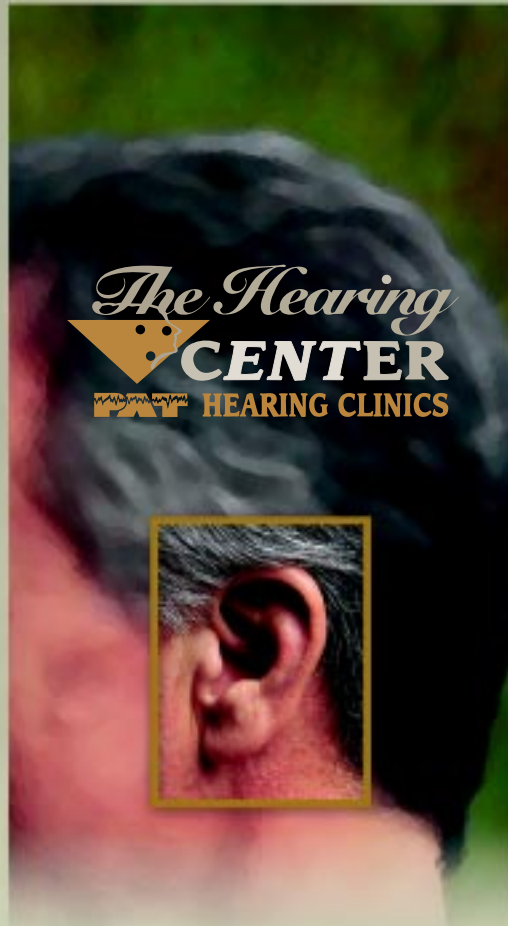


TRIAL HEARING AID PROGRAM



*The Future
in Hearing Aids
is Here*

The Hearing Process

The ear is generally divided into three parts: the outer or external ear, the middle ear, and the inner ear.

The **external ear** (the visible portion of the ear) collects sound and sends it to the eardrum. The eardrum is a small membrane that separates the outer ear from the middle ear.

The **middle ear** houses a chain of three tiny bones that are connected together—the first of which is attached to the eardrum. These bones are set into vibration by movement of the eardrum which continues the transmission of sound through the pathway of hearing. The third bone in the chain is attached to the inner ear by another small membrane or window.

The **inner ear** contains the tiny nerve endings for balance and hearing. It also contains a very unique fluid that becomes set in motion by movement (or displacement) of the small window. The tiny nerve endings are then stimulated and each send a message or impulse to the brain.



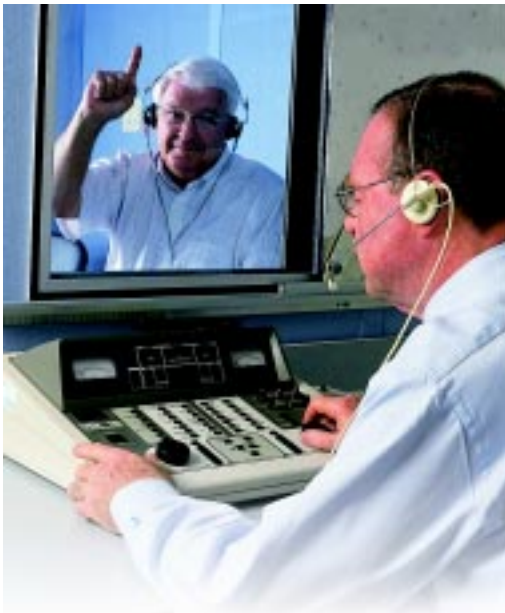
The brain is separated into two sides or hemispheres. The left hemisphere receives the majority of information collected by the right ear while the right hemisphere of the brain receives the majority of information collected by the left ear. The brain interprets the information received and the sensation of hearing occurs. The small differences in the intensity (or loudness) of the sound reaching our ears, along with the time it takes for sound to reach our ears, plays an important role in our brain's ability to filter noise, interpret or understand speech, and determine the direction from which sound is coming. When sound is processed through only one ear, the brain is deprived of this very important information, and its efficiency in interpreting sound is dramatically reduced. Therefore, both ears play a significant role in the process of hearing.

The Hearing Evaluation

To determine your hearing sensitivity, we conduct a diagnostic hearing evaluation. We begin with a Threshold Audiogram. Generally, narrow-band noise or pure-tones are used to determine the softest level you can detect in each ear at various frequencies or pitches.

Speech understanding testing and other special tests may also be conducted to further evaluate the adequacy of the auditory system. This information is used to help determine the type of hearing impairment, the possible location of the impairment and the necessary means of treatment and/or rehabilitation.

In some cases, test results and/or particular symptoms will warrant further evaluation of the auditory and/or vestibular system prior to beginning the rehabilitation process.



Types of Hearing Impairment

Basically, there are three types of hearing impairments: conductive, sensorineural and mixed.

Since the outer ear and middle ear are involved in the conduction of sound, a problem located in these areas is considered a *conductive* hearing impairment. It may be corrected or partially corrected with surgery and/or medication. Amplification or the use of hearing aids may also be an option.



A problem associated with the inner ear is considered a *sensorineural* impairment. Generally, this type of hearing impairment is the result of damage or degeneration to the tiny nerve endings. It is usually not correctable with surgery or medication. Amplification is typically the procedure of choice.

If both of these types of hearing impairment occur at the same time, the result is a *mixed* hearing impairment.

Hearing Aid Selection

Binaural amplification is recommended for bilateral hearing loss to reduce the detrimental effects of auditory deprivation. It will also provide better sound localization, help improve your ability to understand speech in noisy environments, and help to process overall sound more efficiently.

Several styles of hearing aids and levels of technology are available to improve hearing:

- In-The-Ear (ITE) • Behind-The-Ear (BTE)
- Canal • Completely-In-the-Canal (CIC)

The type or style of instrument recommended is generally based on the hearing evaluation, the anatomy of the external ear, the lifestyle of the individual, age, etc.

Conventional Technology

The data from the Threshold Hearing Evaluation is used to determine the appropriate prescription. A formula is calculated that determines the amount of amplification required at each particular frequency or pitch. An individualized circuit is then assembled based on these specifications. Generally, class A amplifiers are used in most standard circuits. In most specialty circuits, class D amplifiers are used with the resultant longer battery life, lower distortion, and increased dynamic range of usable hearing. Speciality circuits

may also include adaptive compression, variable release compression, wide-range active filters, and other noise suppression type features. A user volume control is often necessary in conventional technology to fine-tune the circuit in various listening environments.

Digitally Programmable Technology

The prescriptive method of determining appropriate amplification is also used with digitally programmable technology. However, additional supra-threshold data is needed to more accurately calculate loudness sensitivity. These defined loudness parameters are used in digitally programming the hearing instruments for a particular individual.

Digitally programmable technology provides the greatest flexibility and fine-tuning capabilities available. Its electronic efficiency in amplifying soft sounds and limiting loud sounds is far superior to that inherent in conventional devices. Understanding speech in the presence of background noise may be significantly enhanced with this state-of-the-art technology. A remote control with several program options is also available with most specialty instruments for even greater flexibility in various difficult listening environments. A user volume control may not be necessary due to the automatic functioning of this technology. Sophisticated digital signal processors may also be used in certain specialty instruments.



Trial Period

As soon as the hearing aid selection process is completed and your instruments are manufactured and fitted, you will be instructed on the use and care of your hearing aids.

It is recommended that during the trial period, you wear your hearing aids daily in order to facilitate the adaptation process. Not only will you need to adapt to using the aids, but your ears will be adapting physiologically as well.

At first, your ears may be sensitive to the amplified sound, but after several weeks, this sensitivity generally subsides. The adjustment period varies from person to person, but most people adapt within four to six weeks. The trial period may be extended, when necessary.



You are strongly encouraged to report your experiences with the new hearing aids to our audiologists so we know how best to “fine-tune” the instruments for optimum results.

Ultimately, the goal of our treatment program is to significantly reduce the handicapping effect of the hearing impairment by providing you the opportunity to experience the latest in hearing aid technology while receiving appropriate counseling and auditory training from one of our rehabilitative audiologists.

Payment Policy

There will be a \$100.00 fee to try the hearing instruments. This fee is due when your ear mold impressions are made. It is nonrefundable. A deposit equal to ½ the cost of the new hearing instruments will be due the day of the fitting. The trial fee and deposit will be applied to the total purchase price of your aids. The remaining balance will be due the day of the purchase, after you are satisfied and the rehabilitation process is completed. If you choose not to purchase the hearing aids, your deposit will be refunded. If a hearing aid is lost during the trial period, you will be responsible for the purchase price of the instrument.

Pricing

Conventional Technology

Standard Conventional ITE	\$775/\$1550
Specialty Conventional ITE	\$925/\$1850
Standard Conventional BTE	\$775/\$1550
Specialty Conventional BTE	\$925/\$1850
Standard Conventional Canal	\$975/\$1950
Specialty Conventional Canal.....	\$1175/\$2350
Standard Conventional CIC	\$1675/\$3350
Specialty Conventional CIC	\$1875/\$3750

Digitally Programmable Technology

Standard Programmable ITE	\$1695/\$3390
Specialty Programmable ITE	\$2195/\$4390
Standard Programmable BTE	\$1695/\$3390
Specialty Programmable BTE	\$2195/\$4390
Standard Programmable Canal .	\$1995/\$3990
Specialty Programmable Canal .	\$2495/\$4990
Standard Programmable CIC	\$2295/\$4590
Specialty Programmable CIC	\$2795/\$5590

(price of one aid / price of two aids)

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