



Levine Hearing
3135 Springbank Lane
Suite 100
Charlotte, NC 28226
Phone: (704) 540-3081
Fax: 1-704-879-5750

Audiology Referral Form

To best serve you and your patient, please provide us with the following additional information by fax:

- Medical Records / Clinical Notes supporting the reason for referral and diagnosis
- Copy of Insurance Information (Card if available)

Patient Information:

Patient Name: _____ Date: _____

DOB: _____ Phone Number: _____ Urgent? _____

ICD 10 / Chief Complaint / Reason for referral:

- Dizziness / Imbalance (R42)
- Sensorineural Hearing Loss (H90.3)
- Tinnitus (H93.13)
- Other: _____

Please indicate the appropriate services to evaluate:

- Hearing Aid Consultation: 60 minutes (Complimentary)
- Audiological Evaluation/Ototoxic Monitoring (including): 30 minutes
Tympanometry (92567)
Audiometric Testing (92557, 92552, 92553, 92555, 92556)
- Vestibular Evaluation (testing is chosen based on the Audiologist's discretion): 2 hours
Basic Vestibular Evaluation (92540)
Caloric Test (92537, 92538) Rotary Chair Testing (92546)
Neurodiagnostic ABR (92653)
Electrocochleography (92584)
- BPPV Evaluation and Treatment ONLY: 30 minutes, \$95*
- Tinnitus Evaluation: 90 minutes, \$300*
- Cerumen Removal: 15 minutes, \$129*
- Custom Hearing Protection: cost varies*

cVEMP & oVEMP (92519, 92517, 92518)

**Service not billable to insurance and is out of pocket for patient*

Additional Comments:

Provider Signature: _____ Provider Name (print): _____