

Better Hearing Checklist

As you move toward improving your hearing, please use this resource to weigh the most important factors that will determine your success.

Name _____ Test Date _____

Audiologist _____ Next Appointment _____

Consider the following:

- ☐ I felt welcome & comfortable with the entire staff, and I could see myself considering this office my home for hearing healthcare.
- ☐ I was encouraged to bring someone with me so that an additional perspective could provide a comprehensive understanding of my hearing.
- ☐ I was asked about specific challenging listening situations and their impact on my life.
- ☐ The office offers scheduling to meet my needs, including weekend hours and daily walk-in times.
- ☐ I felt like the doctors were primarily concerned with improving my hearing, not selling me hearing devices.



Start



Secure



Sustain

the first 60 days

- ☐ Weekly or bi-weekly follow-up visits for retraining and adjustments
- ☐ Personal contact via phone or email
- ☐ Complimentary batteries
- ☐ In-ear measurement of customized hearing prescription

the first 2 - 3 years

- ☐ Manufacturer warranty coverage
- ☐ Manufacturer loss & damage coverage
- ☐ Complimentary clean & checks
- ☐ Complimentary adjustments
- ☐ Complimentary batteries*

4 years & beyond

- ☐ Regular clean & checks
- ☐ Manufacturer warranty extensions*
- ☐ Continued validation of technology and solutions

** not available for all levels/manufacturers*



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