University of Maryland
Speech and Hearing Clinic
Clinic Fee Schedule

Effective January 2018

I. AUDIOLOGICAL SERVICES

• Hearing Evaluation (no hearing aid/s).................................................................................................................$175.00-$260.00
• Hearing Evaluation (with hearing aid/s)...............................................................................................................$175.00-$320.00
• Re-evaluation less than 6 months-half charge; after 6 months-full charge
• Consultations/Hearing aid order- per hour...........................................................................................................$100.00
• Ear mold impression, each.....................................................................................................................................$100.00
• Hearing Aid Fitting and Orientation (may include up to two aural rehabilitation sessions, conducted on an
  individual basis, a six month follow-up and at one year a hearing aid check).........................................................$400.00
• Minor Hearing Aid Repair
  1. Within first year................................................................................................................................................No Charge
  2. After first year, each aid......................................................................................................................................$40.00
• Major Hearing Aid Repair (variable depending on device & warranty)..............................................................$250.00-$350.00
• Otoacoustic Emissions (Screen)..........................................................................................................................$80.00
• Tinnitus Consultation............................................................................................................................................$400.00
  o Tinnitus Treatments/Options can vary depending on each patient, must consult with our audiologists.

NOTE: FULL PAYMENT FOR AUDIOLOGY SERVICES AND SPEECH EVALUATIONS IS REQUIRED AT TIME OF TESTING.

II. SPEECH/LANGUAGE EVALUATIONS

• Diagnostic Evaluation ............................................................................................................................................$190.00
  (includes hearing screening)

III. SPEECH/LANGUAGE THERAPY

• Individual (per 50 minutes/daytime)....................................................................................................................$50.00
• Individual (per 50 minutes/evenings)..................................................................................................................$55.00
• Group (per 50 minutes/daytime).........................................................................................................................$45.00
• Group (per 50 minutes/evenings).........................................................................................................................$50.00
• Speech Therapy 90 minutes/session (per session/daytime).................................................................................$64.50
• Speech Therapy 90 minutes/session (per session/evenings)................................................................................$70.00
• PEERS (per semester).........................................................................................................................................$1600.00
• SIGNA (Fall-Spring semesters)............................................................................................................................$4000.00

IV. LEAP

• Fall – Spring School year (with 45min therapy/2x a week)....................................................................................$3600.00
• Summer Semester (with 45min therapy/2x a week)............................................................................................$750.00
• Application fee (due at the time of Leap Visit).....................................................................................................$25.00

NOTE: SPEECH THERAPY IS BILLED ON A SEMESTER BASIS AND IS CALCULATED ON THE NUMBER OF HOURS PER WEEK
MULTIPLIED BY WEEKS OF SERVICE. FULL PAYMENT FOR SPEECH THERAPY SESSIONS FOR THE SEMESTER IS REQUIRED
ON OR BEFORE THE FIRST DAY OF THERAPY OR SERVICES WILL BE DISCONTINUED, UNLESS ALTERNATE ARRANGEMENTS
ARE MADE.

VISA, MASTERCARD, DISCOVER & AMEX Accepted