

Hearing Services



Auditory Processing Disorder Information

Auditory Processing Disorder (APD) is defined as a deficiency in the perceptual processing of auditory information in the central nervous system as demonstrated by poor performance in one or more of the following skills:

- Sound Localization and Lateralization
- Auditory Discrimination
- Auditory Pattern Recognition
- Temporal Aspects of Audition, including
 - Temporal resolution
 - Temporal masking
 - Temporal integration
 - Temporal ordering
- Auditory Performance with Competing Acoustic Signals and/or
- Auditory Performance with Degraded Acoustic Signals

Children with APD can show symptoms that mimic hearing loss. They may frequently respond incorrectly to questions, respond inconsistently to speech, and have extreme difficulty paying attention in noisy situations. They may also show poor memory for verbally presented information, and have difficulty following long directions. These characteristics can affect academic performance such as:

- Poor Expressive and Receptive Language Abilities
- Poor Reading, Writing and Spelling
- Difficulty Taking Notes
- Poor Phonics and Speech Sound Discrimination
- Poor Ability to Memorize
- Problems Following a Sequence of Instructions

Many of the signs and symptoms of APD can mask and mimic other behavioral, emotional, and social difficulties. Untreated, APD can negatively affect social and academic development in children.

Your audiologist, speech pathologist, and other healthcare professionals will work together once testing is completed to put together the best treatment plan if a diagnosis of APD has been verified.

Billing Policies for Testing

There are a multitude of tests that make up the complete test battery for an Auditory Processing Evaluation. The fees for the test includes the hearing test, the diagnostic test battery, and the full report.

We do require a deposit/co-pay on the date of testing, depending on your insurance benefits.

We do require your insurance information prior to your appointment, so that we can verify your benefits and let you know what your financial responsibility will be prior to your visit.

If BRSHF/Emerge participates as a network provider for your insurance carrier, we will file your claim for you and follow the guidelines for acceptance of payment from that carrier.

If we are a non-contract or out of network provider for your insurance carrier, we will still file your claim, but you will be responsible for the balance due on the date of testing.

If payment arrangements are required, there may be an additional administrative fee for billing out the balance.

I have received, read completely, and agree to comply with the billing policies of BRSHF/Emerge in regards to my scheduled testing on _____.

Patient/Parent/Guardian

Date

Child's Name _____ DOB: _____