

Pediatric Audiology Facilities Directory by County

Allen

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Lima Memorial Health System Speech and Audiology Center 1001 Bellefontaine Ave. Lima, OH 45804 | | | | Phone: (419) 226-5070 Fax: (419) 998-4548 TTY: (419) 228-3335 | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|---|--|
| St. Rita's Medical Center Audiology Department 770 W. High Street, Suite 460 Lima, OH 45801 | | | | Phone: (419) 226-9341 Fax: (419) 996-5412 TTY: (419) 227-3361 | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|
| The Hearing & Balance Center 545 W. Market St. Suite 333 Lima, OH 45801 | | | | Phone: (419) 222-9010 Fax: (419) 222-5496 TTY: | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Ashland

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|
| Ashland ENT, Allergy, and Hearing Aid Center 2212 Mifflin Ave Suite 130 Ashland, OH 44805 | | | Phone: (419) 289-8919 Fax: (419) 289-9563 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids | <input checked="" type="checkbox"/> Loaner Hearing Aids |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation |
| | | | | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider |
| | | | | | <input type="checkbox"/> Cochlear Implant Services |
| | | | | | <input type="checkbox"/> Financial Assistance |

Ashtabula

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| University Hospitals - Ashtabula Health Center 2131 Lake Avenue, Suite 1 Ashtabula, OH 44004 | | | Phone: (440) 415-0162 Fax: (440) 998-0095 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids | <input type="checkbox"/> Loaner Hearing Aids |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation |
| | | | | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider |
| | | | | | <input type="checkbox"/> Cochlear Implant Services |
| | | | | | <input checked="" type="checkbox"/> Financial Assistance |

Pediatric Audiology Facilities Directory by County

Athens

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| Diles Hearing Center 275 W Union Street Athens, OH 45701 | | | Phone: (740) 594-3571 Fax: (740) 592-2212 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Ohio University Therapy Associates Hearing, Speech and Language Clinic W174 Grover Center Athens, OH 45701 | | | Phone: (740) 593-1404 Fax: (740) 593-4433 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Auglaize

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|--|--|
| Family Audiology Associates 200 St. Clair Saint Marys, OH 45885 | | | Phone: (419) 584-2255 Fax: (419) 584-0808 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Belmont

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| Professional Hearing Healthcare 100 Hospital Drive, Suite 107 Barnsville, OH 43713 | | | Phone: (740) 695-1058 Fax: (740) 695-0889 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| Professional Hearing Healthcare 90 N 4TH ST (EORH) Martins Ferry, OH 43935 | | | Phone: (740) 695-1058 Fax: (740) 695-0889 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Butler

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| Associates in Speech and Audiology 1251 Nilles Rd. Ste. #7 Fairfield, OH 45014 | | | Phone: (513) 829-7111 Fax: (513) 829-7114 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|--------------------------|--|---|--|
| Cincinnati Children's Fairfield 3050 Mack Road Fairfield, OH 45014 | | | Phone: (513) 636-4236 Fax: (513) 636-7316 TTY: (513) 636-4900 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| Cincinnati Children's Liberty Campus 7777 Yankee Road Liberty Township, OH 45044 | | | Phone: (513) 636-4236 Fax: (513) 636-7316 TTY: (513) 636-4900 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Clark

| | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|
| Ear,Nose and Throat of Springfield 435 S. Burnett Rd. Springfield, OH 45505 | | | | Phone: (937) 325-8796 Fax: (937) 325-3640 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Clermont

| | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| Cincinnati Children's Hospital Eastgate Location 796 Cincinnati-Batavia Pike Cincinnati, OH 45245 | | | | Phone: (513) 636-4236 Fax: (513) 636-7316 TTY: (513) 636-4900 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--|--|
| Family Speech and Hearing Clinic 6642 Branch Hill Guinea Loveland, OH 45140 | | | | Phone: (513) 683-2008 Fax: (513) 791-4326 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Pediatric Audiology Facilities Directory by County

Columbiana

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|
| 5th Ave Otolaryngologists, Suite A 2388 Southeast Boulevard Salem, OH 44460 | | | | Phone: (330) 337-7159 Fax: (330) 337-7130 TTY: | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Coshocton

| | | | | | |
|---|--------------------------|--------------------------|---|---|--|
| Clear Choice Audiology, LLC 311 South 15th Street, Suite 108 Coshocton, OH 43812 | | | | Phone: (740) 623-4143 Fax: (740) 623-4253 TTY: | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Cuyahoga

| | | | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|--|--|
| Cleveland Clinic Desk A71 9500 Euclid Avenue Cleveland, OH 44195 | | | | Phone: (216) 444-8500 Fax: (216) 444-0187 TTY: (216) 444-0261 | | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |

| | | | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|--|--|
| MetroHealth Medical Center 2500 MetroHealth Dr. Cleveland, OH 44109 | | | | Phone: (216) 778-5791 Fax: (216) 778-7868 TTY: | | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

| | | | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|--|--|
| University Hospitals Case Medical Center-Rainbow Babies & Childrens Ho 11100 Euclid Ave. RBC 1200 Cleveland, OH 44106-6045 | | | | Phone: (216) 844-7191 Fax: (216) 844-3668 TTY: (216) 844-1000 | | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |

Pediatric Audiology Facilities Directory by County

| | | | | |
|--|--|--|--|--|
| Cleveland Ear, Nose, Throat and Allergy Center, Inc. 6770 Mayfield Road, #210 Mayfield Heights, OH 44124 | | | | Phone: (440) 461-0150 Fax: (440) 461-8221 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |

| | | | | |
|---|--|---|--|--|
| Hearing Doctors of Ohio 717271 Engle Rd. Ste 120 Middleburg Hts, OH 44130 | | | | Phone: (440) 234-5515 Fax: (440) 234-5540 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |

| | | | | |
|--|---|---|--|---|
| University Hospitals - Chagrin Highlands Health Center 3909 Orange Place, Suite 4600 Orange Village, OH 44133 | | | | Phone: (216) 844-7191 Fax: (216) 844-3668 TTY: (216) 844-1000 |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ASSR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |

| | | | | |
|--|---|--|--|--|
| University Hospitals - Parma Medical Center 6681 Ridge Road, MAC 1, Suite 302 Parma, OH 44129 | | | | Phone: (440) 743-8111 Fax: (216) 201-7020 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |

Pediatric Audiology Facilities Directory by County

| | | | | |
|--|--|--|--|---|
| University Suburban Health Center 1611 S. Green Road South Euclid, OH 44121 | | | | Phone: (216) 844-7191 Fax: (216) 844-3668 TTY: (216) 844-1000 |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |

| | | | | |
|--|--|--|--|--|
| Listening Advantage 24551 Detroit Rd. Suite 3 Westlake, OH 44145 | | | | Phone: (440) 835-9612 Fax: (440) 835-9629 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |

| | | | | |
|--|--|---|--|---|
| University Hospitals - Westlake Health Center 960 Clague Road, Suite 2468 Westlake, OH 44145 | | | | Phone: (216) 844-7191 Fax: (216) 844-3668 TTY: (216) 844-1000 |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ASSR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | | |

Pediatric Audiology Facilities Directory by County

Defiance

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| Mercy Defiance Clinic 1400 E. Second St. Defiance, OH 43512 | | | Phone: (419) 784-1414 Fax: (419) 783-2799 TTY: (419) 784-1414 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Delaware

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|---|--|
| Delaware Speech and Hearing Center 494 West Central Avenue Delaware, OH 43015 | | | Phone: (740) 369-3650 Fax: (740) 369-0812 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Erie

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|--|--|
| NOMS 2800 Hayes Avenue, Bldg. F Sandusky, OH 44870 | | | Phone: (419) 626-1331 Fax: (419) 626-1338 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Franklin

| | | | |
|--|-------------------------------------|-------------------------------------|--|
| Columbus Speech & Hearing Center 510 E. North Broadway Columbus, OH 43214 | | | Phone: (614) 263-5151 Fax: (614) 261-5440 TTY: (614) 263-2299 |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ASSR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Services: | | | <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider |

| | | | |
|---|-------------------------------------|--------------------------|---|
| Mount Carmel West Rehab Center 745 West State Street, Suite 700 Columbus, OH 43222 | | | Phone: (614) 234-5070 Fax: (614) 234-2878 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR |
| OAE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ASSR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Services: | | | <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider |

| | | | |
|---|-------------------------------------|-------------------------------------|--|
| Nationwide Children's Hospital 700 Children's Drive Columbus, OH 43205 | | | Phone: (614) 722-3951 Fax: (614) 722-3904 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Services: | | | <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider |

Pediatric Audiology Facilities Directory by County

| | | |
|---|---|---------------------------------------|
| Ohio ENT 974 Bethel Road ,Suite A Columbus, OH 43214 | | Phone: (614) 538-2424 Fax: TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | |
|--|---|---------------------------------------|
| Ohio ENT 4300 Clime Road Columbus, OH 43228 | | Phone: (614) 275-4300 Fax: TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | |
|--|---|--|
| Ohio ENT 6499 East Broad Street Columbus, OH 43213 | | Phone: (614) 755-5151 Fax: (614) 755-5155 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | |
|--|--|---|
| OSU Speech-Language-Hearing Clinic 141 Pressey Hall, 1070 Carmack Rd. Columbus, OH 43210 | | Phone: (614) 292-6251 Fax: (614) 292-5723 TTY: (614) 292-6251 |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

| | | | | | | |
|--|-------------------------------------|-------------------------------------|---|---|--|--|
| Ohio ENT | | | | Phone: (614) 889-8010 | | |
| 6670 Perimeter Drive | | | | Fax: (614) 889-7896 | | |
| Dublin, OH 43016 | | | | TTY: | | |
| Diagnostic Audiological Evaluations | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | | |
| | 0 - 6 | 7 - 23 | 24 - 36 (months) | Services: | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Loaner Hearing Aids | <input type="checkbox"/> Cochlear Implant Services |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation | <input type="checkbox"/> Financial Assistance |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|--|
| Ohio ENT | | | | Phone: (614) 882-5647 | | |
| 477 Cooper Roaad | | | | Fax: | | |
| Westerville, OH 43081 | | | | TTY: | | |
| Diagnostic Audiological Evaluations | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | | |
| | 0 - 6 | 7 - 23 | 24 - 36 (months) | Services: | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Loaner Hearing Aids | <input type="checkbox"/> Cochlear Implant Services |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation | <input type="checkbox"/> Financial Assistance |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Hamilton

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|--|--|
| Cincinnati Children's Anderson/Mercy Center for Health and Wellness 7495 State Road Suite 355 Cincinnati, OH 45255 | | | | Phone: (513) 636-4236 Fax: (513) 636-7316 TTY: (513) 636-4900 | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| Cincinnati Children's Green Township 5899 Harrison Avenue Cincinnati, OH 45248 | | | | Phone: (513) 636-4236 Fax: (513) 636-7316 TTY: (513) 636-4900 | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| Cincinnati Children's Hospital Audiology 3333 Burnet Ave. Cincinnati, OH 45229 | | | | Phone: (513) 636-4236 Fax: (513) 636-7316 TTY: (513) 636-4900 | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Hancock

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|---|--|
| Findlay Ear, Nose & Throat Assoc., Inc 1110 W. Main Cross St. Findlay, OH 45840 | | | Phone: (419) 424-1393 Fax: (419) 424-3424 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Henry

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|--|--|
| Audiology Clinic Of Northwest Ohio 1411 N. Scott Street, Suite B Napoleon, OH 43545 | | | Phone: (419) 592-0338 Fax: (419) 592-0255 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Huron

| | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| Fisher-Titus Medical Center 272 Benedict Ave Norwalk, OH 44857 | | | | Phone: (419) 668-8101 Fax: (419) 660-2963 TTY: (419) 668-8101 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| Mercy Hospital of Willard 1510 Conwell Avenue Willard, OH 44890 | | | | Phone: (419) 964-5700 Fax: (419) 933-7822 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Jackson

| | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| Diles Hearing Center 659 E. Main Street; Suite D Jackson, OH 45640 | | | | Phone: (740) 288-3571 Fax: (740) 288-3570 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Pediatric Audiology Facilities Directory by County

Lake

| | | | | | |
|--|--------------------------|-------------------------------------|---|--|--|
| Eastside ENT Specialists 7580 Auburn Road, Suite #103 Concord, OH 44077 | | | Phone: (440) 352-1474 Fax: (440) 352-2662 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|--|--------------------------|-------------------------------------|---|---|--|
| Advanced Audiology Concepts, Inc. 8897 Mentor Avenue Mentor, OH 44060 | | | Phone: (440) 205-8848 Fax: (440) 205-9818 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|--|--|
| University Hospitals - Mentor Health Center 9000 Mentor Avenue, Suite 214 Mentor, OH 44060 | | | Phone: (216) 844-7191 Fax: (216) 844-3668 TTY: (216) 844-1000 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Licking

| | | | | | |
|---|--------------------------|--------------------------|---|---|--|
| Clear Choice Audiology, LLC 88 McMillen Dr Newark, OH 43055 | | | Phone: (740) 344-1304 Fax: (740) 344-1305 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Logan

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Mary Rutan Hospital Physical Rehabilitation Center 2200 Timber Trail Bellefontaine, OH 43311 | | | Phone: (937) 593-0822 Fax: (937) 599-5022 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Lorain

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| ENT and Allergy Health Services 252 E. Broad Street Elyria, OH 44035 | | | Phone: (440) 329-7760 Fax: (440) 284-0684 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Lucas

| | | |
|---|---|---|
| Toledo Audiology 6005 Monclova Rd. Suite 310 Maumee, OH 43537 | | Phone: (419) 578-7557 Fax: (419) 539-6335 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | |
|--|--|--|
| ProMedica Hearing Center 5300 Harroun Rd. Suite 218 Sylvania, OH 43560 | | Phone: (419) 824-1958 Fax: (419) 824-1976 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | |
|---|---|---|
| Northwest Ohio Hearing Clinic 3000 Arlington Ave Toledo, OH 43614 | | Phone: (419) 383-4012 Fax: (419) 383-6126 TTY: (419) 383-6125 |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

| | | | | | | |
|--|-------------------------------------|-------------------------------------|---|---|--|---|
| Toledo Hospital 2142 North Cove Blvd Toledo, OH 43606 | | | | Phone: (419) 291-5680 Fax: (419) 291-6158 TTY: | | |
| Diagnostic Audiological Evaluations | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | | |
| | 0 - 6 | 7 - 23 | 24 - 36 (months) | Services: | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids | <input checked="" type="checkbox"/> Loaner Hearing Aids | <input checked="" type="checkbox"/> Cochlear Implant Services |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation | <input type="checkbox"/> Financial Assistance |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Mahoning

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| St. Elizabeth Boardman Health Center 8401 Market Street Boardman, OH 44512 | | | Phone: (330) 729-1506 Fax: (330) 729-1507 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| St. Elizabeth Health Center 1044 Belmont Avenue Youngstown, OH 44501 | | | Phone: (330) 480-3212 Fax: (330) 480-2594 TTY: (330) 480-2930 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|
| Youngstown Hearing and Speech Center 6614 Southern Boulevard Youngstown, OH 44512 | | | Phone: (330) 726-8855 Fax: (330) 726-9182 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Marion

| | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| Marion Speech and Hearing Center 1199 Delaware Avenue Suite 101 Marion, OH 43302 | | | | Phone: (740) 383-2513 Fax: (740) 387-6495 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Mercer

| | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|--|
| Family Audiology Assoc.,INC 950 S. Main St. Celina, OH 45822 | | | | Phone: (419) 584-2255 Fax: (419) 584-0808 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Miami

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|---|--|--|
| Southwest Ohio Ear, Nose and Throat Specialists 1861 Towne Park Drive, Suite H Troy, OH 45373 | | | | Phone: (937) 496-2620 Fax: (937) 496-2610 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Pediatric Audiology Facilities Directory by County

Montgomery

| | | | | | |
|---|--------------------------|--------------------------|--|---|--|
| Southwest Ohio Ear, Nose and Throat Specialists 6601 Centerville Business Parkway #200 Centerville, OH 45459 | | | Phone: (937) 496-2620 Fax: (937) 496-2610 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| Dayton Children's Hospital 1 Children's Plaza Dayton, OH 45404 | | | Phone: (937) 641-3424 Fax: (937) 641-5078 TTY: (800) 750-0750 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|--|--------------------------|--------------------------|--|---|--|
| Southwest Ohio Ear, Nose and Throat Specialists 9000 N. Main Street, Suites 319-320 (Good Sam North Health Center) Dayton, OH 45415 | | | Phone: (937) 496-2620 Fax: (937) 496-2610 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

| | | | | | |
|--|--------------------------|--------------------------|--|---|--|
| Southwest Ohio Ear, Nose and Throat Specialists 1222 South Patterson Blvd. Suite 400 Dayton, OH 45402 | | | | Phone: (937) 496-2620 Fax: (937) 496-2610 TTY: | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Portage

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Kent State University Speech & Hearing Clinic A104 Music & Speech Building (Center for Performing Arts) Kent, OH 44242 | | | | Phone: (330) 672-2672 Fax: (330) 672-2643 TTY: | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Robinson Memorial Hospital 6847 North Chestnut St. Ravenna, OH 44266 | | | | Phone: (330) 297-2427 Fax: (330) 297-2447 TTY: | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Richland

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| MedCentral Health System 335 Glessner Avenue Mansfield, OH 44903 | | | Phone: (419) 520-2064 Fax: (419) 520-2061 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Ross

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|--|--|
| Adena Health System Audiology Department 272 Hospital Road Suite G70 Chillicothe, OH 45601 | | | Phone: (740) 779-7660 Fax: (740) 779-7697 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Scioto

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|--|--|
| Southern Ohio Medical Center 1202 18th. Street Portsmouth, OH 45662 | | | Phone: (740) 356-7632 Fax: (740) 353-1238 TTY: (740) 353-7774 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Seneca

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|
| Findlay Ear, Nose and Throat Associates, Inc. 19 West Market Street, Suite E Tiffin, OH 44883 | | | Phone: (419) 443-1481 Fax: (419) 443-1113 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|--|--|
| Professional Hearing Care 716 WEST MARKET STREET Tiffin, OH 44883 | | | Phone: (419) 448-1155 Fax: (419) 448-1868 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Stark

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|---|
| Ohio Head & Neck Surgeons | | | Phone: (330) 492-2844 | | |
| 4912 Higbee Avenue NW | | | Fax: | | |
| Canton, OH 44718 | | | TTY: | | |
| Diagnostic Audiological Evaluations | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| | 0 - 6 | 7 - 23 | 24 - 36 (months) | Services: | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids | <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider |

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|---|
| Perry Ear, Nose & Throat Clinic | | | Phone: (330) 837-5674 | | |
| 3545 Lincoln Way East | | | Fax: (330) 837-3052 | | |
| Massillon, OH 44646 | | | TTY: | | |
| Diagnostic Audiological Evaluations | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| | 0 - 6 | 7 - 23 | 24 - 36 (months) | Services: | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids | <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider |

Pediatric Audiology Facilities Directory by County

Summit

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Akron Children's Hospital, Audiology Department One Perkins Square Akron, OH 44308 | | | Phone: (330) 543-8264 Fax: (330) 543-3861 TTY: (330) 543-8080 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Akron E.N.T. Associates, Inc. 395 East Market Street Akron, OH 44304 | | | Phone: (330) 762-8959 Fax: (330) 762-9121 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| Dr. Steinberger and Dr. Sterman 2708 Crawfis Blve Akron, OH 44333 | | | Phone: (330) 869-6673 Fax: (330) 864-3270 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|--|--|
| The University of Akron 225 S. Main Street Rm. 181 Akron, OH 44325-3001 | | | Phone: (330) 972-7883 Fax: (330) 972-7884 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| University Hospitals - Twinsburg Health Center 8819 Commons Blvd., Suite 202 Twinsburg, OH 44087 | | | Phone: (216) 844-7191 Fax: (216) 844-3668 TTY: (216) 844-1000 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Trumbull

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Hillside Rehabilitation Hospital 8747 Squires Lane, NE Warren, OH 44484-1697 | | | Phone: (330) 841-3872 Fax: (330) 841-3509 TTY: (330) 841-3500 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| St Joseph Health Center 667 Eastland Avenue Warren, OH 44484-1697 | | | Phone: (330) 841-3872 Fax: (330) 841-3509 TTY: (330) 841-3500 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Tuscarawas

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|---|--|
| Ohio Head and Neck Surgeons 400 Medical Park Drive, Suite 103 Dover, OH 44622 | | | Phone: (800) 541-6664 Fax: (330) 365-9168 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids | <input checked="" type="checkbox"/> Loaner Hearing Aids |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation |
| | | | | <input checked="" type="checkbox"/> Medicaid Provider | <input checked="" type="checkbox"/> BCMH (Ohio) Provider |
| | | | | | <input type="checkbox"/> Cochlear Implant Services |
| | | | | | <input checked="" type="checkbox"/> Financial Assistance |

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| ENT Allergy and Sinus Center 335 Oxford Street Suite A Dover, OH 44622 | | | Phone: (330) 602-8833 Fax: (330) 602-8832 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: | |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Hearing Aids | <input checked="" type="checkbox"/> Loaner Hearing Aids |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation | <input checked="" type="checkbox"/> Medical/ENT Evaluation |
| | | | | <input checked="" type="checkbox"/> Medicaid Provider | <input type="checkbox"/> BCMH (Ohio) Provider |
| | | | | | <input type="checkbox"/> Cochlear Implant Services |
| | | | | | <input type="checkbox"/> Financial Assistance |

Pediatric Audiology Facilities Directory by County

Warren

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|--|--|
| Cincinnati Children's Mason Campus 9560 Children's Drive (off Natorp Blvd.) Mason, OH 45040 | | | Phone: (513) 636-4236 Fax: (513) 636-7316 TTY: (513) 636-4900 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|--|--|
| Outpatient Care Center (Dayton Children's) - Springboro 3333 West Tech Boulevard Springboro, OH 45066 | | | Phone: (937) 641-5725 Fax: TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Washington

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|
| Marietta Memorial Hospital Audiology Dept. 800 Wayne Street, Suite 111 Marietta, OH 45750 | | | Phone: (740) 374-1582 Fax: (740) 376-5566 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Wayne

| | | | | | |
|--|--------------------------|--------------------------|---|--|--|
| Freedlander Speech & Hearing Clinic 303 E University St Wooster, OH 44691 | | | Phone: (330) 263-2073 Fax: (330) 263-2690 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|---|--|
| Wooster Ear, Nose, and Throat 1749 Cleveland Rd Wooster, OH 44691 | | | Phone: (330) 264-9699 Fax: (330) 264-9644 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Williams

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|---|--|
| Parkview Physicians Group 442 W. High Street Bryan, OH 43506 | | | Phone: (419) 636-4517 Fax: (419) 633-4169 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input type="checkbox"/> Loaner Hearing Aids <input checked="" type="checkbox"/> Cochlear Implant Services | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Pediatric Audiology Facilities Directory by County

Wood

| | | | | | |
|---|-------------------------------------|-------------------------------------|--|--|--|
| Speech and Hearing Clinic Bowling Green State University Bowling Green, OH 43403 | | | Phone: (419) 372-2515 Fax: (419) 372-8089 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|--|-------------------------------------|-------------------------------------|--|---|--|
| Portage Valley Hearing, LLC 133 East Front Street Pemberville, OH 43450 | | | Phone: (419) 287-2201 Fax: (419) 287-2202 TTY: | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| ASSR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|--|--|
| Northwest Ohio Hearing Clinic 900 W.S. Boundary Building 9 Perrysburg, OH 43551 | | | Phone: (419) 873-4327 Fax: (419) 872-5066 TTY: (419) 873-4327 | | |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR | | |
| OAE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input type="checkbox"/> Financial Assistance <input type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |
| ABR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| ASSR | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Pediatric Audiology Facilities Directory by County

Boyd

| | | |
|--|--|---|
| King's Daughters Medical Center (Out of State) 480 23rd. St. Ashland, KY 41101 | | Phone: (606) 408-0420 Fax: (606) 408-6033 TTY: (606) 408-4000 |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input checked="" type="checkbox"/> ABR |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ASSR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input checked="" type="checkbox"/> Monitored Sedation <input checked="" type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input type="checkbox"/> BCMH (Ohio) Provider | |

Ohio

| | | |
|--|---|--|
| Professional Hearing Healthcare (Out of State) 2000 Eoff Street Wheeling, WV 26003 | | Phone: (740) 695-1058 Fax: (740) 695-1058 TTY: |
| Diagnostic Audiological Evaluations 0 - 6 7 - 23 24 - 36 (months) | | Infants Screenings (0-12 months) <input checked="" type="checkbox"/> OAE <input type="checkbox"/> ABR |
| OAE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ABR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ASSR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Services: <input checked="" type="checkbox"/> Hearing Aids <input checked="" type="checkbox"/> Loaner Hearing Aids <input type="checkbox"/> Cochlear Implant Services <input type="checkbox"/> Monitored Sedation <input type="checkbox"/> Medical/ENT Evaluation <input checked="" type="checkbox"/> Financial Assistance <input checked="" type="checkbox"/> Medicaid Provider <input checked="" type="checkbox"/> BCMH (Ohio) Provider | |