




HEARING AID SERVICES FORM USER GUIDE (MICROSOFT WORD)

accessible has created new forms for Hearing Aid Services. These forms are Microsoft Word documents that are able to be printed and filled out by hand, or typed in electronically and sent as an attachment via email. To open or download these forms, go to <http://www.accessable.co.nz/hearing.php> and they will be listed under the heading **Forms**. If you have any questions or feedback regarding the forms feel free to contact the Hearing Aid Services team on 0508 001 002 or hearing@accessable.co.nz

FOR ELECTRONIC USERS

Once you open the form, click on the field where you want to type. It will highlight in grey and you can then start typing. You will see that each of these fields has a character limit to preserve formatting.

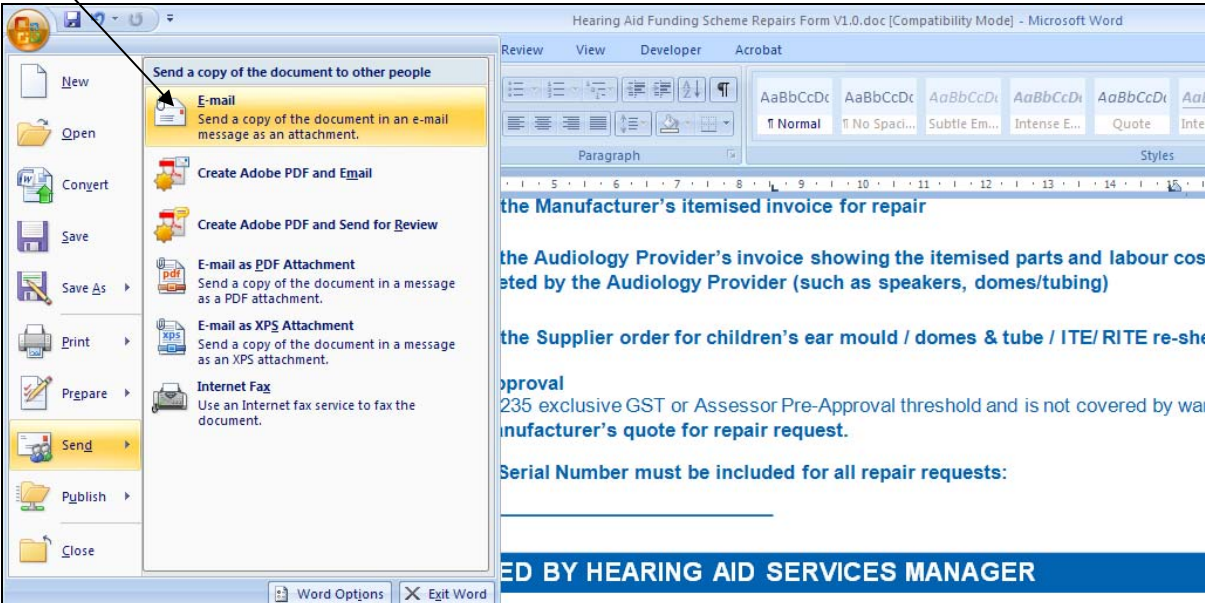


To navigate the forms easily, press the Tab button on your keyboard to move from field to field. To check a tick box use the Spacebar. You are able to tab through the whole form. You can also use your mouse to click on each field.



<Do **not** use the Enter button as this alters the formatting>

Once you have finished filling out the form you can save the document on your system or send it straight to hearing@accessable.co.nz.



You will receive email notification within two working days that we have added your application or claim into our customer database.

SUBSIDY SCHEME APPLICATION / REPAIRS / CLAIM FORM

Approved Assessor / Audiologist Details

The first box of information has the details as held by Enable New Zealand.

If you run out of room in the Email field, you can type it out in the Alternative Email field.

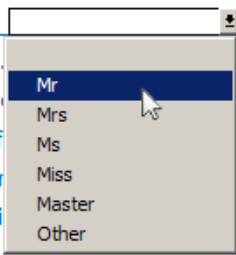
Given Name	<u>Jeremy</u>	Accreditation No.	<u>JS1234567</u>
Last Name	<u>Smith</u>	Email	<u>jeremy.wayne.smith.2011@audiologyserv</u>
Telephone	_____	Ext No.	_____
Mobile	_____		
Audiology Provider (trading as) & Branch _____			
Fill out the following if the application information is to be sent to an alternative Audiology Provider and / or Email:			
Alternative Audiology Provider & Branch _____			
Alternative Email <u>jeremy.wayne.smith.2011@audiologyservices.co.nz</u>			

The Alternative Audiology Provider details should be completed if you are working for a provider not shown in your details held by Enable New Zealand. If you complete the Alternative Audiology Provider details section all information about this application or claim will be sent to the alternative email.

Options

Some fields have drop down boxes with a list of options to choose from. These are Title, Gender and Ethnicity. Simply click on the field and the list will appear.

Title	<input type="text"/>	
NHI No.	<input type="text"/>	
Telephone	<input type="text"/>	
Date of Birth	<input type="text"/>	/ mm / yyyy
Gender	<input type="text"/>	
Ethnicity	<input type="text"/>	



TRIAL CONTINUATION FORM

If any fields are too small in the Approved Assessor / Audiologist & Person's details, you can put the additional information in the box below:

Note any change of audiologist's or Person's details or other information that is relevant
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FOR MANUAL USERS

If you choose to print the form and fill them out by hand you can fax them through to 09 620 1702.

Approved Assessor / Audiologist Details

The first box of information has the details as held by Enable New Zealand.

If you run out of room in the Email field, you can write it out in the Alternative Email field.

Given Name	<u>Jeremy</u>	Accreditation No.	<u>JS1234567</u>
Last Name	<u>Smith</u>	Email	<u>jeremy.wayne.smith.2011@audiologyserv</u>
Telephone	_____	Ext No.	_____
Mobile	_____		
Audiology Provider (trading as) & Branch _____			
Fill out the following if the application information is to be sent to an alternative Audiology Provider and / or Email:			
Alternative Audiology Provider & Branch _____			
Alternative Email <u>jeremy.wayne.smith.2011@audiologyservices.co.nz</u>			

The Alternative Audiology Provider details should be completed if you are working for a provider not shown in your details held by Enable New Zealand. If you complete the Alternative Audiology Provider details section all information about this application / claim will be sent to the alternative email.

Options

Electronic users get the option of selecting from a list in the Person's Details for Title, Gender and Ethnicity. The choices are listed below for you to write into the form:

Title	Gender	Ethnicity
Mr	Female	New Zealand Maori
Mrs	Male	New Zealand European or Pakeha
Ms	Unspecified	English
Miss		Dutch
Other		Australian
		Irish
		Other European
		Samoan
		Cook Island Maori
		Tongan
		Niuean
		Chinese
		Indian
		Other
		Not Specified