

HEARING AID SUBSIDY SCHEME CLAIM FORM

FOR OFFICE USE ONLY

Received / / /

Claim #:

APPROVED ASSESSOR / AUDIOLOGIST DETAILS

Given Name _____ Accreditation No. _____

Last Name _____ Email _____

Telephone _____ Ext No. _____ Mobile _____

Audiology Provider (trading as) & Branch _____

Fill out the following if the application information form is to be sent to an alternative Audiology Provider and / or Email:

Alternative Audiology Provider & Branch _____

Alternative Email _____

Approved Assessor / Audiologist Declaration

By completing and submitting this claim I confirm that the assessment, selection of a fitting device and the information given in this claim is true and correct. The person has been given the opportunity to discuss the claim with the assessor and has agreed to the information given in this claim.

Yes
 No

Claim Date / / /

PERSON'S DETAILS

Given Name _____ Title _____

Last Name _____ NHI No. _____

Address Line One _____ Telephone _____

Address Line Two _____ Date of Birth / / /

Suburb _____ Gender _____

City / Town _____ Ethnicity _____

Postcode _____ Email _____

The Person's Age: 16 - 64 Years 65+ Years

Person's information to be sent to: Email Postal Address

<p>Person's Declaration</p> <p>The person, person's guardian or authorised agent (where the person is under 16 years of age, or is unable to complete the form) agrees to this claim for Hearing Aid Subsidy being made and that the information given in this claim is true and correct. The person has been given the opportunity to discuss the claim with the assessor and has agreed to the information given in this claim.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Person's Agreement</p> <p>The person understands that the subsidy level is a GST inclusive amount of \$511.11 and is available not more than once every six years per ear per hearing aid and that the 6 year period commences from the date the hearing aid is provided.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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CLAIM DETAILS

If the person has previously claimed a Hearing Aid Subsidy please complete the following:

Left Ear & Year (if known) _____ Right Ear & Year (if known) _____

Subsidy Amount (Inclusive GST) & Ear:

Both ears \$1022.22 Single ear – Left \$511.11 Single ear – Right \$511.11

Model / type of Hearing Aid(s) supplied (From the Ministry of Health Hearing Aid List):

Same Both Ears
Model / Type: _____ Retail Price 'inW'; GH: _____

Left Ear
Model / Type: _____ Retail Price 'inW'; GH: _____

Right Ear
Model / Type: _____ Retail Price 'inW'; GH: _____

ADDITIONAL INFORMATION (for information gathering only, not related to Subsidy criteria)

Does the person have a current: Super Gold Card Community Services Card None

The person is currently: Employed Studying Working Voluntarily

Caring for a Dependent None