

Vendor name	Vendor number
Client name	Claim number

Description of current hearing aid(s)

Present hearing aid is less than five years old? Yes No

If "no", and hearing aids are replaced, Hearing Aid Provider Invoice must accompany for payment.

If "yes", authorization is required from WorkplaceNL Hearing Loss Claims Department before new hearing aid(s) may be dispensed.

	Manufacturer	Model	Serial number	Date fitted	Clinic
Right ear					
Left ear					

Repair history

Reasons to replace hearing aid(s)

Please check appropriate boxes

	L	R
<input type="checkbox"/> Inadequate gain available	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper amplification for hearing loss	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Improper fit resulting in feedback	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Significant change in hearing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hearing aid style inappropriate (e.g. dexterity, acoustical needs)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Repair is no longer cost effective (manufacturer's estimated cost of repair \$ _____)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Explanation _____

Proposed solution _____

Office use only

Recommendations

Approved Yes No Signature _____ Date _____