

MCARE

Hearing loss – Request for funding

WCB claim number: _____

Workers' name: _____ Provincial Health Number: _____

Worker's address: _____ Postal code: _____ Date of birth: _____
(MM/DD/YYYY)

Clinic name: _____ Clinic number: _____ Provider number: _____

Clinic address: _____ Postal code: _____ Phone: _____ Fax: _____

Employer name: _____

PART I – REQUEST FOR FUNDING OF NEW OR REPLACEMENT HEARING AIDS

A. Hearing aid replacement request (to be completed if the worker has a current hearing aid)

Purchase date of current hearing aids: _____ Model/style: _____
(MM/DD/YYYY)

Reasons to replace current hearing aid(s). Check appropriate boxes:

- L and/or R Improper amplification for hearing loss
 L and/or R Improper fit resulting in feedback
 L and/or R Significant change in hearing (20 dB at three or more frequencies (500 - 4,000 Hz))
 L and/or R Hearing aid style is inappropriate (e.g. dexterity)
 L and/or R Repair is no longer cost effective (manufacturer estimated cost of repair \$)

Other (please explain): _____

B. Description of new hearing aid request

	Manufacturer/model	Style	Warranty period (>3yrs)
Left ear			
Right ear			

Attach manufacturer's document stamped "not for payment" with invoice.

C. WCB invoicing

Code 202 - Manufacturer's price \$ (not to exceed \$972) + 10% handling fee + \$567 for fitting, first-year visits, plus handling and shipping fees within the warranty period = \$ _____ per hearing aid.

Is the worker choosing to upgrade to a mid-range or premium model? Yes No

If yes, is the worker aware that the WCB will only pay the fee to a maximum of \$1,636.20 and includes follow up and service fees for the first year as per the WCB fee schedule? Yes No

Care provider signature: _____ Date: _____

Worker signature: _____

Worker signature required if the worker upgrades hearing aid and agrees to pay any additional fees to the hearing instrument provider.

D. WCB response:

WCB claim number: _____

- Approved Denied

Date: _____ Case manager: _____ Phone: _____

PART 2 – REQUEST FOR REPAIRS OR HEARING AID SUPPLIES

A. Request for funding for repair (WCB fee code 205 – billable only after the warranty has expired)

Purchase date of current hearing aid(s): _____ Warranty expiry date: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Authorization for repair requested for:

- Hearing aid three to four years old and repair exceeds \$300.
- Hearing aid greater than four years old.
- Hearing aid between three and four years old and has been repaired within the last 12 months.

Expected cost: \$ _____

Repair history – List date(s) of repair, repair type and cost

Date: _____ Repair type: _____ Cost: _____
(MM/DD/YYYY)

Date: _____ Repair type: _____ Cost: _____
(MM/DD/YYYY)

Date: _____ Repair type: _____ Cost: _____
(MM/DD/YYYY)

Description of repairs for hearing aid(s):

Code 205 – Explain what needs to be repaired and the steps taken to resolve the issues (e.g. inadequate gain available or feedback/static).

B. Request for supplies for hearing aids:

- Receiver is required after warranty expired
- Ear molds (WCB fee code 215) exceeding one mold per ear every two years

Expected cost: \$ _____

C. Request for funding for servicing of hearing aid (WCB fee code 214 – only billable after the first year that the WCB prepaid)

Authorization requested for a visit exceeding the prepaid two visits per year. This visit will be _____ (days) this year.

Reason for additional service visit over two per year:

Care provider signature: _____ Date: _____

D. WCB response:

- Approved Denied

Date: _____ Case manager: _____ Phone: _____