

Hearing loss – request for funding

WCB claim number: _____

Worker's name: _____ Provincial health number: _____

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

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

Clinic address: _____ City/province: _____ Postal code: _____

Clinic phone: _____ Fax: _____ Clinic email: _____

Employer name: _____

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

A. Hearing aid replacement request (complete if the worker has a current hearing aid)

Purchase date of current hearing aids: _____ Model/style: _____
(DD/MM/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 (such as dexterity).
- L and/or R Repair is no longer cost effective (manufacturer estimated cost of repair \$ _____).
- L and/or R Loss or damage.

Other (please explain):

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

B. Description of new hearing aid request

	Manufacturer/model	Style	Warranty period (> three years)
Left ear			
Right ear			

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

C. WCB invoicing

Code 202 – Manufacturer's price \$ (not to exceed \$1,039.50 for initial purchase) + 10 per cent handling fee + Code 218 for manufacturer's shipping fee (not to exceed \$25) + Code 213 (\$606.38) for fitting, first-year visits, plus handling and shipping fees within the warranty period = \$_____ per hearing aid.

Code 222 – Loss and damage (not to exceed \$346.50 for replacement of lost or damaged hearing instrument) + 50 per cent handling fee + Code 218 for manufacturer's shipping fee (not to exceed \$25), 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 \$1774.83 for the initial purchase and includes follow up and service fees for the first year or \$544.75 for replacement of lost or damaged hearing instrument as per the WCB's fee schedule? Yes No

Code 220 – approved accessories (list accessory description and cost below)

Care provider signature: _____ Date: _____
(DD/MM/YYYY)

Worker signature: _____

D. WCB response

Approved Denied

Date: _____ Customer care facilitator: _____
(DD/MM/YYYY)

Phone: _____

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

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: _____
(DD/MM/YYYY) (DD/MM/YYYY)

Authorization for repair requested for (first 36 months from purchase date is covered under warranty):

- Hearing aid 37 to 48 months (four to five years) from purchase date and repair exceeds \$519.75 (excludes handling and shipping charges).
- Hearing aid greater than 48 months (four years) old.
- Hearing aid between 37 to 48 months (four to five years) 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: _____
(DD/MM/YYYY)

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

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

Description of repairs for hearing aid(s):

Code 205 – Explain what needs to be repaired and the steps taken to resolve the issues (for example, 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: \$ _____.

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

Authorization is requested for a visit exceeding the preapproved four visits per year. This visit will be #___ this year. Reason for additional service visits over four per year:

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

Care provider signature: _____ Date: _____
(DD/MM/YYYY)

C. WCB response

Approved Denied

Date: _____ Customer care facilitator: _____
(DD/MM/YYYY)

Phone: _____