

## Hearing loss request for funding

### Part 1 – Request for funding of new or replacement hearing aids

#### A. Personal information

Worker name	WCB claim number	Provincial health number
Worker address	Postal code	Date of birth
Clinic name	Clinic number	Provider number
Clinic address	City/province	Postal code
Clinic phone	Clinic fax	Clinic email
Employer name		

#### B. Request for funding of new or replacement hearing aids

<b>Hearing aid replacement request (to be completed if the worker has a current hearing aid)</b>	
Purchase date of current hearing aids	Model/style number

#### C. 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)  
(This significant change needs to be related to the work injury.)
- 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): \_\_\_\_\_

#### D. Description of new hearing aid request

	Manufacturer/model	Style	Warranty period (greater than three years)
<b>Left ear</b>			
<b>Right ear</b>			

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

**E. WCB invoicing**

1. Code 202 – manufacturer's price \$ (not to exceed \$1,060.29 for initial purchase) + 10 per cent handling fee + code 218 for manufacturer's shipping fee (not to exceed \$25) + code 213 (\$618.50) for fitting, first-year visits, plus handling and shipping fees within the warranty period = \$\_\_\_\_\_per hearing aid.
2. Code 222 – loss and damage (not to exceed \$353.43 for replacement of lost or damaged hearing instrument) + 50% handling fee + code 218 for manufacturer's shipping fee (not to exceed \$25), first-year visits + handling and shipping fees within the warranty period = \$\_\_\_\_\_per hearing aid.
3. 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 \$1809.82 for initial purchase and includes follow up and service fees for the first year or \$555.15 for replacement of lost or damaged hearing instrument as per the WCB fee schedule?     Yes     No
4. Code 220 – approved accessories (list accessory description and cost below):

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**Declaration**

I hereby declare that the information I have provided in this document is true, accurate and correct to the very best of my knowledge, and by signing this document, I hereby verify the truth of the contents contained herein. I understand that criminal prosecution may result from any attempt to (1) obtain compensation benefits by fraudulent means and/or (2) prevent collection of compensation benefits.

<b>Date</b> MM/DD/YYYY	<b>Printed name</b>	<b>Signature</b>
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**WCB response**

- Approved     Denied

<b>Date</b> MM/DD/YYYY	<b>Customer care facilitator</b>	<b>Phone</b>
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**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)**

<b>Purchase date of current hearing aid(s)</b>	<b>Warranty expiry date</b>

**B. 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 \$530.15 (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: \$ \_\_\_\_\_

<b>Repair history – list date(s) of repair, repair type and cost</b>		
<b>Date</b>	<b>Repair type</b>	<b>Cost</b>
<b>Date</b>	<b>Repair type</b>	<b>Cost</b>
<b>Date</b>	<b>Repair type</b>	<b>Cost</b>

**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).

**C. 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: \$ \_\_\_\_\_

**D. 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 preapproved four visits per year. This visit will be # \_\_\_ this year. Reason for additional service visit over four per year: \_\_\_\_\_.

\_\_\_\_\_

Date MM/DD/YYYY	Care provider	Care provider signature
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**WCB response**

Approved     Denied

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Date MM/DD/YYYY	Customer care facilitator	Phone
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Care provider signature: \_\_\_\_\_ Date: \_\_\_\_\_