

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

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

Other (please explain): _____

D. Description of new hearing aid request

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

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

E. WCB invoicing

1. Code 202 – manufacturer's price \$ (not to exceed \$1,081.50 for initial purchase) + 10 per cent handling fee + code 218 for manufacturer's shipping fee (not to exceed \$25) + code 213 (\$630.87) 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 \$360.50 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 + 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, does the worker know that the WCB will cover up to \$1,845.52 for the initial purchase, including follow up and service fees for the first year, or up to \$565.75 for replacing a lost or damaged hearing instrument, according to the WCB's fee schedule?

Yes No

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

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.

Date MM/DD/YYYY

Printed name

Signature

WCB response

Approved Denied

Date MM/DD/YYYY

Customer care facilitator

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

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 exceeding \$540.75 (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
Date	Repair type	Cost
Date	Repair type	Cost

Description of repairs for hearing aid(s):

Code 205 – Explain what needs to be repaired and the steps taken to resolve the issue(s) (for example, inadequate gain available or feedback/static).

C. Request for supplies for hearing aids

- Receiver is required after warranty has 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 is visit number _____ for this year. Reason for additional service visit over four per year: _____.

Date MM/DD/YYYY

Care provider

Care provider signature

WCB response

Approved Denied

Date MM/DD/YYYY

Customer care facilitator

Phone

Care provider signature: _____ Date: _____