

Request for repair or replacement of a hearing aid

The expected life of a hearing aid is 5 years.

Complete this form and return to the claims manager when requesting repair or replacement of a hearing aid. The assessment fee item is to be used for a replacement hearing aid.

This form does not need to be completed for new claims or for claims for further hearing loss.

Note: Parts A and B of the form are to be completed and signed by the worker. Approval can only be considered if part B has been completed and signed by the worker.

Workers may, if required, be provided with replacement of supplied hearing aid(s) where the supplied hearing aid:

- ✓ has been lost or damaged and is not covered by warranty or other insurance, - on a case-by-case basis - or
- ✓ the current hearing device is unable to be adjusted to meet the hearing requirements of the worker for their compensable hearing loss following an assessment and updated audiogram being provided

Part A: Personal and claim details			
Name			
Claim number			
Address			
Phone number			
Part B: To be completed by the worker			
I require: (please tick)	<input type="checkbox"/>	repair of my hearing aid(s)	<input type="checkbox"/>
			replacement of my hearing aid(s)
Please provide a brief description of the issue/reason for replacement or repair:			
<input type="checkbox"/>	I confirm that my hearing aid is not covered by the consumer warranty or other insurance		
Signature			Date
I acknowledge that it is an offence against the Return to Work Act 2014 to make a statement that is false or misleading. The information I have provided is true and not misleading.			
Part C: To be completed by the Audiologist/Audiometrist			
Date of assessment			
<input type="checkbox"/>	(Tick to confirm) I confirm that the hearing aid for replacement/repair is not covered by warranty		
For a replacement device, attach copies of:			
<input type="checkbox"/>	The worker's current hearing status and relevant clinical changes since the issue of the initial hearing aid(s)		
<input type="checkbox"/>	Tests or assessments performed, including an updated audiogram		
<input type="checkbox"/>	Alternatives to refitting that have been attempted to address the client's issues and details as to why the current device cannot be adjusted or modified to meet worker needs		
<input type="checkbox"/>	The recommended replacement hearing aid and its suitability for the worker		
<input type="checkbox"/>	Where the replacement is for a lost device or a device damaged beyond repair, a copy of the consumer warranty, and reasons why the device is not covered under warranty and/or reasons why the device is considered beyond repair		
For repairs, attach copies of:			
<input type="checkbox"/>	The reason for the repair and/or maintenance, e.g. what caused the damage		
<input type="checkbox"/>	The manufacturer's quote for the cost of the repairs and/or maintenance, with itemised costs for the damaged components		
<input type="checkbox"/>	The consumer warranty and, where still within this period, reasons why the device is not covered under warranty		
Name			
Signature			Date
I acknowledge that it is an offence against the Return to Work Act 2014 to make a statement that is false or misleading. The information I have provided is true and not misleading.			