



## Service Provider Report

### A. Payment Information

Date:	Date of Fitting: <i>(will be considered the anniversary date for replacement)</i>
Clinic Information (Address, phone and fax numbers) Clinician Name:	

### B. Worker Information

Name:	Date of birth:
Claim number:	

### C. Service Details

Type of Service	Date of Service d/m/y	Description	R	L	Total Cost
Hearing Assessment		\$75 once every four years	-	-	
Hearing Re-assessment		\$45 once every year	-	-	
H.Aid fitting fee		\$475 per aid once every four years	<input type="checkbox"/>	<input type="checkbox"/>	
H.Aid post fitting (enclose print out of verification measures)		\$75 once every four years	<input type="checkbox"/>	<input type="checkbox"/>	
H.Aid re-adjustment		\$25 once a year	<input type="checkbox"/>	<input type="checkbox"/>	
H.Aid performance		\$25 once a year	<input type="checkbox"/>	<input type="checkbox"/>	
H.Aid return fee		\$50 per aid	<input type="checkbox"/>	<input type="checkbox"/>	
Assistive Listening Device fitting fee		\$100 once a year	-	-	
In house repair		\$20 three times per year/per aid	<input type="checkbox"/>	<input type="checkbox"/>	
Out of office repair		\$75 per aid once a year	<input type="checkbox"/>	<input type="checkbox"/>	
Ear impressions		\$30 per ear once a year	<input type="checkbox"/>	<input type="checkbox"/>	

<i>Attach manufacturer's invoice for reimbursement for hearing aids and assistive listening devices</i>					
Product	R	L	Manufacturer Cost	Total Cost	
Hearing Aid (s)	<input type="checkbox"/>	<input type="checkbox"/>			
Manufacturer Repair	<input type="checkbox"/>	<input type="checkbox"/>			
Ear Molds	<input type="checkbox"/>	<input type="checkbox"/>			
Infrared TV System	<input type="checkbox"/>				
FM System	<input type="checkbox"/>				
Telephone	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

**Total Cost \$**

### D. Service Provider

<b>Comments:</b>
I hereby certify that I have rendered the above goods and/or services to the client named above.
<b>Signature of Clinician:</b>