

AHSA SOUND PROCESSOR REPLACEMENT APPLICATION FORM



Please complete all fields below and forward this application directly to the health fund concerned with as much notice as possible prior to the fitting date as the health fund may not agree to contribute after the sound processor has been fitted.

PATIENT INFORMATION			
Patient's Name:		Date of Birth:	
Health Fund:		Membership No:	
Name of Provider:		Provider Phone:	
Provider Email:			
CURRENT SOUND PROCESSOR DETAILS			
Ear: Right Left	Date of Fitting:	Name & Model:	Prostheses List Billing Code:
Supplier Name:			
NEW SOUND PROCESSOR DETAILS			
Ear: Right Left	Proposed Date of Fitting:	Name & Model:	Prostheses List Billing Code:
Supplier Name:			
Please provide/attach supporting clinical evidence why an upgrade or replacement is required? i.e. speech perception results, letter from specialist etc.			
Is the current device still functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide/attach details of any repairs to the member's current device, including service reports:			
Provider Declaration: <ul style="list-style-type: none"> I declare that all the information provided in connection with this application is true and correct. 			
Provider's Signature:			Date:

General Conditions

- Applicants should be aware that each AHSA member fund will have their own policies regarding funding of replacement Sound processors.
- Completion of the warranty period is not a valid reason for replacement of a Sound processor.
- The availability of improved technology is not sufficient reason for upgrading of a Sound processor.