

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.

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

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

Part A: Person and claim details			
Worker name			
Claim number			
Worker address			
Worker phone number			
The worker requires: (please tick)	<input type="checkbox"/>	repair of hearing aid(s)	<input type="checkbox"/>
			replacement of hearing aid(s)
Part B: Audiologist/Audiometrist checklist			
Date of assessment			
<input type="checkbox"/>	(Tick to confirm) I confirm that the hearing aid for replacement/repair is not covered by warranty or other insurance		
<input type="checkbox"/>	(Tick to confirm) I confirm that I have discussed this request with the worker and obtained their informed consent to seek replacement or repair of their hearing device(s)		
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 OR the manufacturer's fixed price for repair/replacement		
<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.			

For enquiries related to this form, please contact ReturnToWorkSA on (08) 8238 5757 or providers@rtwsa.com