

Hearing aid trial outcome report

Fill in this form with your client to confirm the outcome of their hearing aid trial. The minimum time period for the trial is two weeks.

When you've finished, please return this form and your invoice to either:

- hamilton.hearingloss@acc.co.nz or ACC Hamilton Service Centre, PO Box 952, Hamilton 3240
- dunedin.hearingloss@acc.co.nz or ACC Dunedin Service Centre, PO Box 408, Dunedin 9054.

Part A: Audiologists, please fill this in after your client's hearing aid trial

1. Audiologist details

Audiologist's name: [REDACTED]

ACC provider number: [REDACTED]

ACC vendor number: [REDACTED]

2. Client details

Client's name: [REDACTED]

Client's address: [REDACTED]

Claim number: [REDACTED]

Post fitting HHI score: [REDACTED]

3. Hearing aid trial outcome

If the hearing aid trial was successful, you'll need to fill in all of the remaining sections of this form. If it wasn't successful, then after completing this section, go straight to section 6.

The date the hearing aid trial started: [REDACTED]

What was the outcome of the hearing aid trial?

Successful

Not successful

4. Hearing loss funding details

ACC's hearing aid contribution: \$ [REDACTED]

ACC's fitting fee contribution: \$ [REDACTED]

The Ministry of Health's hearing aid contribution: \$ [REDACTED]

5. Hearing aid details

Please copy the manufacturer's invoice and attach it to this form.

What kind of aids are they? [REDACTED]

Monaural

Binaural

Please list any special features or accessories:

What is the manufacturer's warranty period? [REDACTED]

What is the date of the manufacturer's invoice? [REDACTED]

ACC611 Hearing aid trial outcome report

6. Audiologist declaration and signature

I confirm that (tick all the boxes that apply):

- I am a full member of the New Zealand Audiological Society and I have a current practising certificate
- I don't work for a hearing aid manufacturer
- I carried out the client's assessment and fitting myself, to the set professional standards
- I explained to the client how to use and maintain the hearing aid(s) and all the consumables that go with it
- I have talked about the costs and funding options with the client
- I recommend that ACC contributes to the cost of the hearing aids detailed in this form and confirm that they:
 - are necessary, appropriate and cost-effective for the client's injury-related hearing loss
 - have been fitted and adjusted to meet the client's individual needs
 - work well
 - have been given to the client with a month's supply of batteries (on top of the batteries that were used in the trial)
- I have attached the manufacturer's invoice to this form.

Or

- the hearing aid trial was not successful at this time.

Audiologist's name: [REDACTED]

Audiologist's signature: [REDACTED]

Date: [REDACTED]

Part B: Clients, please fill this in after your hearing aid trial

7. Client declaration and signature

If you have any questions about this declaration, please talk to the person at ACC who's been helping with your claim before you sign it.

I understand that:

- hearing aids can't make my hearing what it was before I had any hearing loss and I've talked to my audiologist about what hearing aids can do for me
- I'll need to arrange my own insurance for my hearing aids
- ACC doesn't have to replace my hearing aids for another six years after my fitting
- ACC doesn't have to contribute to manufacturer's maintenance or service costs during the warranty period
- ACC will pay reasonable costs to maintain, repair and provide consumables for the hearing aids unless the costs result from my own neglect.

I declare that:

- I've successfully trialled the hearing aids with support from my audiologist, and:
 - I'm happy with how they fit and what they do
 - I've tried out the hearing aids for at least two weeks
 - my audiologist talked through the options for meeting the costs of my hearing aids
 - I'm happy that any problems I had in the trial were fixed
 - I was given a month's supply of batteries on top of the batteries that were used in the trial
 - I understand that I will be eligible for a contribution from ACC unless I already own a hearing aid(s) that has the same or a similar function.

Or

- the hearing aid trial was not successful at this time.

ACC611 Hearing aid trial outcome report

Name: [REDACTED]	
Signature: [REDACTED]	Date: [REDACTED]
Client representative's name (if signing on behalf of the client):	Relationship to client:
Client representative's signature:	Date:

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.