Complete this form if you’re a provider and need to confirm the outcome of a hearing aid trial that needs to run for at least two weeks.

Ask the client or the parent/guardian to complete Part B.

When you’ve finished, please return this form with your invoice to either:

* [Hamilton.hearingloss@acc.co.nz](mailto:Hamilton.hearingloss@acc.co.nz) or ACC Hamilton Service Centre, PO Box 952, Hamilton 3240
* [Dunedin.hearingloss@acc.co.nz](mailto:Dunedin.hearingloss@acc.co.nz) or ACC Dunedin Service Centre, PO Box 408, Dunedin 9054.

Part A: Audiologist completes

|  |  |
| --- | --- |
| 1. Client details | |
| Client name: [Client full name auto] | Claim number: [Claim number auto] |
| Address: [Client address line 1 auto], [Client address line 2 auto], [Client address line 3 auto], [Client address postcode auto] | |

|  |  |
| --- | --- |
| 2. Audiologist details | |
| Audiologist name: | Vendor: |
| Provider number: | Vendor number: |

|  |  |
| --- | --- |
| 3. Hearing aid trial outcome | |
| Date hearing aid trial started: | |
| Successful (complete all sections of this form) | Unsuccessful (go to section 5) |

|  |
| --- |
| 4. Hearing aid(s) details |
| Type:  Unilateral  Bilateral  Special features or accessories: |
| Manufacturer warranty period:       months from       (date of manufacturer’s invoice)  A copy of the manufacturer’s invoice is attached (required) |

|  |  |
| --- | --- |
| 5. Provider declaration and signature | |
| Please check and sign below to confirm whether the hearing aid trial was successful or not. It’s important that our client receives independent and objective advice about their hearing aids, so we’d appreciate it if you can confirm that this happened.  I agree that the trial was successful and that I:   * am a current full member of the New Zealand Audiological Society * am not employed by a hearing aid manufacturer * personally conducted the client’s assessment and fitting to the required professional standards * advised the client how to use and maintain the hearing aid(s) and any consumables provided * recommend ACC contributes to the hearing aid(s) specified above, and confirm that:   + the hearing aid(s) are necessary, appropriate and cost-effective for the client’s injury-related needs and are in good working order   + I’ve given the client one month’s supply of batteries, in addition to any used in the trial period   + I have attached the manufacturer’s invoice to this report.   Or  I agree that the hearing aid trial was not successful at this time. | |
| Audiologist signature: | Date: |

Part B: Client or parent/guardian completes

|  |  |
| --- | --- |
| 6. Declaration and signature | |
| If you have any questions or concerns about this declaration, contact the ACC person who has been helping you before you sign this form. If you are under 16, your parent or guardian needs to sign this declaration. | |
| Please read the information sheet called *Helping with hearing loss – children and young people*, which explains that:   * if needed to help with hearing changes, we’ll replace the hearing aid(s) up to three times over a six year period, until the age of 18 * the manufacturer’s warranty will cover the costs of any repairs during the warranty period * it’s important you think about how you’d pay to replace your hearing aids if you lose or damage them * hearing aids can’t fully restore your hearing, but that your audiologist should explain the realistic improvements the hearing aids can make.   I can confirm that:  the hearing aid(s) were successfully trialled under the guidance of an audiologist, and:   * I’m satisfied with their fit and performance * the trial period was at least two weeks * any problems with the hearing aid(s) during the trial have been resolved to my satisfaction * I received one month’s supply of batteries at the end of the trial.   Or  the hearing aid trial was not successful at this time. | |
| Client signature: | Date: |
| Parent/guardian 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.