Complete this form if you’re a provider and you need to provide a quote for ACC funded hearing aids.

Please ask the client to sign section 5.

We’ll pay a contribution of $115.00 (incl. GST) for this consultation. Please let our client know before the consultation if you plan to charge more than this.

Send the completed form with 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.

|  |
| --- |
| 1. Client details |
| Client name: [Client full name auto]  | Claim number: [Claim number auto] |

|  |
| --- |
| 2. Provider details |
| Clinic:       | Location:       |
| Audiologist name:       |

|  |
| --- |
| 3. Contribution details |
| ACC and Ministry of Health hearing aid contributions for this client are: |
| Service code | Service description | Unit price (excl. GST) | Unit price (incl. GST) |
| [service code auto] | [service description auto] | [$excl GST auto] | [$incl GST auto] |
| [service code auto] | [service description auto] | [$excl GST auto] | [$incl GST auto] |
| [service code auto] | [service description auto] | [$excl GST auto] | [$incl GST auto] |

|  |
| --- |
| 4. Hearing aids offered |
| Please list below up to three ranges of hearing aid that you recommended to our client: |
| Hearing aid brand and model, including accessories | Total cost of hearing aid(s) and fitting fee (incl. GST) | Extra client cost |
|       | $      | $      |
|       | $      | $      |
|       | $      | $      |

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| --- |
| 5. Declaration and signature |
| I confirm that I had a consultation with this audiologist. They explained the suitability of the hearing aids listed above and any extra costs I’d need to pay.  |
| Signature: | Date: |

When we collect, use and store information, we comply with the Privacy Act 2020 and the Health Information Privacy Code 2020. 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.