

FAMILY & COMMUNITY SERVICES HEALTH SERVICES HEARING AID PROGRAM

PURPOSE:

The Health Services Hearing Aid Program is designed to assist clients with the purchase and maintenance of hearing aids as well as any specified repairs.

WHO IS ELIGIBLE:

Family & Community Services clients and their dependents who hold a valid Health Card indicating "Supplementary", "Hearing Aid" or "Full Basic" under the Basic Health Eligibility section (white card) or a "Y" under the "OTH" or "SUPP" in the "VALID ONLY FOR" box (yellow card).

Because it is publicly funded, the Health Services Program has a "payer of last resort" policy. Therefore, clients must not have any other medical coverage to be eligible for full benefits.

BENEFITS:

- I. Hearing Aids
- II. Repairs

Please refer to "Benefit Details" for more detailed information regarding these benefits.

The following items are not covered by the Health Services Hearing Aid Program and would be the responsibility of the client:

1. Hearing aid batteries
2. Hooks
3. Filters
4. Tubing
5. Cleaning/ drying

PRIOR APPROVAL:

- Hearing aids and repairs require prior approval
- Requests for approval may be mailed or faxed.
- Documentation required is as follows:

Hearing Aids

- a prescription from a physician (only if testing done outside a hospital setting)
- a report from a certified audiologist, which includes specifications
- a copy of the audiogram
- 2 estimates (where applicable) on the hearing aid prescribed (

Repairs

- 1 cost estimate, preferably from the original supplier

CLAIM FORM COMPLETION:

Claim forms must be completed in full.

Claims submitted for approval must include:

1. Client's I.D. number and expiry date of the Health Card
2. Client's full name
3. Client's complete address
4. Client's date of birth
5. Service Provider's Vendor number
6. Service Provider's business name
7. Service Provider's address
8. A complete description of the item(s) or service requested, including make, model, size and options
9. Quantity(ies) of the item(s) requested
10. Price of each item

Claims submitted for payment must include:

1. All of the above
2. Authorized vendor signature
3. Date of service (date client received item(s) or service (s))
4. Verbal authorization number, if approved by fax
5. Client letter of confirmation
6. Copy of manufacturer's invoice indicating serial number of hearing aid and expiry date of warranty

BENEFIT DETAILS:

I. HEARING AIDS:

SERVICES ELIGIBLE:

Hearing aids

CRITERIA:

1. Only 1 **BASIC** hearing aid can be provided per client
2. Bilateral (2) hearing aids may only be considered for children in school, clients in exit related situations or clients certified as disabled by Family & Community Services
3. Replacement of lost or stolen hearing aids will be considered on an individual basis. Documentation required includes a letter explaining the circumstances of the loss, 1 estimate if loss is within 3 years of purchase. After 3 years we require an audiogram, audiologist's report and 2 estimates, where applicable

FREQUENCY OF COVERAGE:

Eligible once in a 5 year period.

PLEASE NOTE: Replacements are not automatic once the time restriction has expired and the need for replacement must be demonstrated.

ELIGIBLE SERVICE PROVIDERS:

Suppliers registered with the New Brunswick Hearing Aid Society.

II. REPAIRS:

SERVICES ELIGIBLE:

Repairs and replacement ear molds

CRITERIA:

1. Repairs will only be authorized once the manufacturer's warranty has expired
2. Only repairs that are covered by manufacturer's warranty will be approved
3. Repairs will only be authorized for hearing aids eligible under the Program.
4. Ear molds do not require prior approval

FREQUENCY OF COVERAGE:

As required, once warranty has expired.

Ear molds are eligible once per year for adults and twice a year for children under 19.

ELIGIBLE SERVICE PROVIDERS:

Suppliers registered with the New Brunswick Hearing Aid Society