NIHB HEARING AID AND HEARING AID REPAIR CONFIRMATION FORM

PA#: **DATE:**

Section 1: Client Information

Client's Surname:		Date of Birth: (DD/MM/YY)
Given Name(s):		Sex: M ☐ F ☐
Band #:	Family #:	Client ID#:
Client Address: Client Phone No.: ( )		

Section 2: Prior Approval Invoice Information

Date of Service (DD/MM/YY)	Benefit Code	Description of Benefit	L Ear	R Ear	Prior Approval #	Manufacturer's Invoice or Service Fee	Approved Cost (For NIHB use only)
*Please note this is not an invoice						Total Approved Costs	

Section 3: Manufacturer's Information For Hearing Aid or Hearing Aid Repair

Hearing Aids	Manufacturer	Model	Serial Number	Battery Size	Mfr. Warranty Expiry Date	Date Fitted / Repaired
Left						
Right						

Section 4: Provider Information

Provider Name:	Provider #:
Provider Address:	
Telephone #:	Fax#:

Section 5: Provider Certification

I hereby certify that the information provided above is true and complete, and that the above named client has received and is satisfied with the equipment and instruction and the equipment dispensed and fitting is appropriate to meet the client's needs. I will provide appropriate follow-up during the warranty period.

Date:

Provider Signature Provider Name (please print)