WORKSAFE BC
WORKING TO MAKE A DIFFERENCE

Payment Services
PO Box 94460 Stn Main
Richmond BC V6Y 2V6
Toll-free phone within BC 1 888 967-5377

Fax Attn: Payment Services
604 276-3195
Toll-free fax 1 888 922-3299

HEARING AID REPLACEMENT INFORMATION

A. Client information

Client's name *(please print)*	Telephone number	Claim number
Street address	City	Postal code

Retired? If yes, when?
Yes ❐ No ❐

B. Clinic information

Clinic	Payee number	Date M / D / Y
Mailing address		
City	Postal code	Telephone number
Licensed service provider		Fax number

C. Description of current hearing aid(s)

Present hearing aid is less than 5 years old Yes ❐ No ❐

If "no", and hearing aids are replaced, form 51W12, Hearing Aid Provision and Services Invoice, must accompany for payment.

If "yes", authorization is required from WorkSafeBC (the Workers' Compensation Board) Hearing Loss Claims Department before new hearing aid(s) may be dispensed.

	Manufacturer	Model	Serial number	Date fitted M / D / Y	Clinic
Right ear					
Left ear					

Repair history

D. Reasons to replace hearing aid(s)

Please check appropriate boxes	**L**	**R**
Inadequate gain available	❐	❐
Improper amplification for hearing loss	❐	❐
Improper fit resulting in feedback	❐	❐
Significant change in hearing (≥20dB) at 3 or more frequencies (500–4000Hz)	❐	❐
Hearing aid style inappropriate (e.g. dexterity, acoustical needs)	❐	❐
Repair is no longer cost effective (manufacturer's estimated cost of repair $ ____________)	❐	❐

Other ❐ ____________

Explanation ____________

Proposed solution ____________

E. Enclosed

Audiogram *(required)* ❐ Real-ear probe microphone/Sound field measurements *(required)* ❐ Other ❐ ____________

F. WorkSafeBC office use only

Recommendations

Approved Yes ❐ No ❐	Signature

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.