

PO Box 2415
Edmonton AB T5J 2S5
Fax: (780) 427-5863
1-800-661-1993

Please print clearly

WCB Claim Number
Personal Health Number

Client's Surname	First Name	Initial
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Address Street	City/Town	Province	Postal Code
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Telephone Number	Date of Birth (Year / Month / Day)	Date of Service (Year / Month / Day)
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Hearing Device	Code	* Manuf. Cost	Shipping Cost	Fitting Fee	Total Cost
Monaural <input type="checkbox"/> L <input type="checkbox"/> R	* HL03M		\$40	\$445	
Monaural <input type="checkbox"/> L <input type="checkbox"/> R Li-ion Rechargeable	* HL03MR		\$40	\$445	
Binaural	* HL03BA		\$80	\$890	
Binaural Li-ion Rechargeable	* HL03BAR		\$80	\$890	
Cros/Bi-Cros	* HL03W		\$40	\$595	
Cros/Bi-Cros Transmitter	* HL03T		N/A	N/A	
Amplified Telephone	* HL07		15% _____	\$25	

Services	Code	Cost	Description of Repair					
Aid Repairs <input type="checkbox"/> L <input type="checkbox"/> R Out of Office	HL11							
<input type="checkbox"/> L <input type="checkbox"/> R In office	HL12							
<input type="checkbox"/> L <input type="checkbox"/> R Manufacturer	* HL13		Incidental Items	Qty	Code	* Manuf. Cost	Ship. Cost 20%	Total Costs
<input type="checkbox"/> L <input type="checkbox"/> R Maintenance clean & check	HL12M		Wax Guards		HL20			
Hearing Aid Return Fee <input type="checkbox"/> L <input type="checkbox"/> R	HL14		Dry Aid Kits		HL21			
Auditory Brainstem Response	HL16		Batteries Right			N/A	N/A	
ITE Hearing Protection	* HL22E		Batteries Left			N/A	N/A	
	HL22EC		Domes		HL38			
Replacement Ear Mold(s)	* HL09		Tubing		HL25			
	HL10							
Cerumen Management <input type="checkbox"/> L <input type="checkbox"/> R	HL15							

* Manufacturer's invoice must be attached for all goods and services purchased where applicable as per contract.

Total Amount Billed	
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Client and Service Provider - Please Read Before Signing

I completed my ____ day trial period to assess my hearing aid(s). My hearing aid(s) are beneficial to me and I have decided to keep them. I understand my hearing aid(s) will be replaced in accordance with WCB procedures. If problems arise with my hearing aid(s) I will return to the provider in a timely manner.

I hereby certify that I have received the above goods.

(Signature of WCB Client) _____ Date (Year / Month / Day) _____

I agree that since I have chosen a hearing aid and/or incidental item(s) that is more expensive than that approved by the WCB, I will be solely responsible for the additional cost for this aid and/or incidental item(s) and any additional cost incurred in repairing this aid over that aid approved by the WCB. Any such payment required will be a matter between myself and the provider.

(Signature of WCB Client) _____ Cost share amount _____ Date (Year / Month / Day) _____

I hereby certify that I have rendered the above goods and/or services to the client named above in accordance with all of the standards of the WCB Hearing Aid Program.

(Signature of Service Provider) _____ Date (Year / Month / Day) _____

Name and mailing address of service provider: (please print)	Invoice Number	Telephone Number
	WCB Billing Number	Fax Number

THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.

Incidental Items	Code	Maximums
Home Visit Travel Time Hr	HL17	
Home Visit Clinical Time Hr	HL18	
Home Visit Mileages Km	HL19	
Guards	HL20	Maximum - \$16.00 per pkg of 10
Dry Aid Kits	HL21	Maximum - \$22.00 each
Hearing Protection	HL22M	
Battery Tester	HL24	Maximum - \$20.00 one per claim
Tubing	HL25	Maximum - \$20.00 each
Other (no shipping charges)	HL27	
Phone Repairs	HL28	
Dessicant Pucks Eargene	HL29	
Eargene	HL30	Maximum - \$10.00 each
Oto-ease	HL31	Maximum - \$5.00 each
Sanitizer Spray	HL33	Maximum - \$10.00 each
Pads	HL34	Maximum - \$4.00 each
Miracell	HL35	Maximum - \$10.00 each
Audio Wipes	HL36	Maximum - \$10.00 per 36 pkg
Sweatbands	HL37	Maximum - \$30.00 each
Domes	HL38	Maximum - \$20.00 per pkg of 10

Batteries Codes	Maximums
HL23R (Right ear)	60 max per year
HL23L (Left ear)	60 max per year
HL23AL (Batteries size 10 for Right ear)	100 max per year
HL23AR (Batteries size 10 for Left ear)	100 max per year