

## HEARING LOSS SERVICES

### Hearing Aid Maintenance and Repairs Invoice

#### WORKER DETAILS

Surname [Surname]		First Name and Initial [FirstName]	WCB Claim Number [Claim#]
Telephone Number		Date of Birth (yyyy/mm/dd)	

Service Date	Repairs			Left	Right	Code	Cost
	Aid Repairs – Out of Office Description:			<input type="checkbox"/>	<input type="checkbox"/>	HL11	\$
	Aid Repairs – In Office Description:			<input type="checkbox"/>	<input type="checkbox"/>	HL12	\$
	Aid Repairs – Manufacturer Description:			<input type="checkbox"/>	<input type="checkbox"/>	*HL13	\$
	Maintenance			Left	Right	Code	Cost
	Maintenance Clean and Check			<input type="checkbox"/>	<input type="checkbox"/>	HL12M	\$
	Hearing Aid Return Fee			<input type="checkbox"/>	<input type="checkbox"/>	HL14	\$
	Auditory Brainstem Response			N/A	N/A	HL16	\$
	ITE Hearing Protection – Manufacturer			N/A	N/A	*HL22E	\$
	ITE Hearing Protection – Clinic			<input type="checkbox"/>	<input type="checkbox"/>	HL22EC	\$
	Ear Mold(s) – Manufacturer			<input type="checkbox"/>	<input type="checkbox"/>	*HL09	\$
	Ear Mold(s) – Clinic			<input type="checkbox"/>	<input type="checkbox"/>	HL10	\$
	Cerumen Management			<input type="checkbox"/>	<input type="checkbox"/>	HL15	\$
	Incidental Items	Qty	*Manufacturer Cost	Shipping Cost 25%		Code	Cost
	Wax Guards		\$	\$		HL20	\$
	Dry Aid Kits		\$	\$		HL21	\$
	Domes		\$	\$		HL38	\$
	Tubing		\$	\$		HL25	\$
			\$	N/A			\$
			\$	N/A			\$
			\$	N/A			\$
			\$	N/A			\$
	Batteries			Quantity		Code	Cost
	Batteries – Right ear					HL23R	\$
	Batteries – Left ear					HL23L	\$
	Batteries size 10 – Right ear					HL23AR	\$
	Batteries size 10 – Left ear					HL23AL	\$

\* Per contract, Manufacturer's invoice must be attached for goods and services purchased (as applicable)

**Total Amount Billed**

\$

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: (yyyy/mm/dd)

Name and mailing address of Service Provider

Invoice #

Telephone Number:

WCB Billing #

Fax:

## Hearing Loss Maintenance and Repairs Invoice

(Surname) [Surname]	(First Name and Initial) [FirstName]	WCB Claim Number [Claim#]
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**SERVICE LEGEND**

DESCRIPTION	SERVICE CODE	RATE	
Ear mold(s) – manufacturer cost	HL09		Manufacturer cost
Ear mold(s) – clinic cost	HL10	\$50.00	Maximum of 2 calls
Repairs – out of office	HL11	\$65.00	Maximum of 2 calls
Repairs – In office	HL12	\$30.00	Maximum of 2 calls
Repairs in office – maintenance	HL12M	\$30.00	Maximum of 2 calls
Repairs – manufacturer cost	HL13		Manufacturer cost
Hearing aid return fee	HL14	\$48.00	Once per claim
Cerumen management	HL15	\$20.00	Maximum of 3 calls
Auditory Brainstem Response	HL16	\$175.00	
Home visit – travel time	HL17	\$65.00	Per hour – outside city limits
Home visit – clinical time	HL18	\$65.00	Per hour – outside city limits
Home visit – mileage	HL19	\$0.58	WCB rate
Wax guards	HL20		\$16.00 max per package of 10
Dry aid kits	HL21		\$22.00 maximum cost per kit
Hearing protection – ear	HL22E		Maximum of \$80.00 per pair Once per claim
Hearing protection – ear – clinic fee	HL22EC	\$50.00	Maximum of 2 calls
Hearing protection – muff	HL22M		Once per claim
Battery tester	HL24		\$20.00 maximum once per claim
Ear mold tubing	HL25		\$10.00 each maximum cost
Hearing loss – other (no shipping charges)	HL27		
Phone repairs	HL28		
Dessicant pucks	HL29		\$13.00 maximum per package of 3
Eargene	HL30		\$10.00 each maximum cost
Oto-ease	HL31		\$5.00 each maximum cost
Sanitizer spray	HL33		\$10.00 each maximum cost
Telephone pads	HL34		\$4.00 each maximum cost
Miracell	HL35		\$10.00 each maximum cost
Audio wipes	HL36		\$10.00 max per package of 36
Sweatbands	HL37		\$30.00 each maximum cost
Domes	HL38		\$20.00 max per package of 10
Receiver (in the ear)	HL39		Manufacturer cost + HL12
Case Conference with Audiology Consultant	HL40	\$27.50	Must be initiated by WCB
Report of Medical Opinion with Assessment	HL41	\$100.00	
Report of Medical Opinion without Assessment	HL42	\$48.00	
Chart copies	HL43	\$32.94	+ \$0.40 per additional page
Shipping to worker	HL44		Receipt required
<b>New</b> Hearing aid adjustment and verification	HL04		One time payable within 6 months of Date of Fitting
<b>New</b> Rechargeable aid accessories	HL45		Price of accessory + applicable repair code (in office/out of office)

**\* Per contract, Manufacturer's invoice must be attached for goods and services purchased (as applicable)**

	Battery Codes		
Batteries – Right ear	HL23R		60 max per year
Batteries – Left ear	HL23L		60 max per year
Batteries size 10 – Right ear	HL23AR		100 max per year
Batteries size 10 – Left ear	HL23AL		100 max per year

**THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.**  
Invoices must be submitted within six months after Date of Service