Australian Government
Department of Health

Request for a revalidated service

Client Details

Surname/Family Name: Alpher

First or Given Name: Betty

Voucher Number: 123456789X

Date of Birth: 01/01/1976

Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*. By signing this form you are consenting to and authorising the Department of Health to collect, store and disclose your information, including personal information. You can get more information about the way in which the Department will manage your personal information, including our privacy policy at www.hearingservices.gov.au. In addition, by signing this form you are indicating you require additional hearing services due to a significant deterioration in your hearing, health or dexterity.

Client Signature: B. Alpher

Date: 10/08/2019

#POA may only sign on client behalf: n/a

#Power of Attorney

Provider Details

Provider Trading Name: Can U Hear Me Now

Provider E-mail: CanUhearMEnow@gmail.com

Qualified Practitioners name: Lysten Closely

Telephone Number: 02 1234 5678

Qualified Practitioner Signature: Lysten Closely

Date: 10/08/2019

Revalidation services may be requested for two reasons

- Reason A – the client requires a reassessment, or
- Reason B – the client requires a refitting and meets the Eligibility for Refitting.

Once a reason (A or B) has been determined, please fill out the form where relevant. o prevent your application being rejected or sent back as incomplete, please ensure that all relevant sections are **legible** and the supporting evidence has been entered on the form and/or attached as requested. **The Request for a revalidated service** form and supporting evidence can be emailed to hearing@health.gov.au.

For more information see the webpage on requesting a revalidated service.

Reason B – client meets the Eligibility Criteria for Refitting

Revalidated service item *(please select one or more items)*	**Select**
820 – Refitting and rehabilitation (monaural) or 821 – Refit with no follow up appointment (monaural)	☒
830 – Refitting and rehabilitation (binaural) or 831 – Refit with no follow up appointment (binaural)	☐
825 – Refitting and rehabilitation (ALD) or 826 – Refit ALD with no follow up appointment	☐
760 - Subsequent initial fitting, rehabilitation and maintenance or 761 – Subsequent fitting with no follow up appointment	☐
770 - Subsequent initial fitting, rehabilitation and maintenance or 771 – Subsequent fitting with no follow up appointment	☒

Reason	**Supporting Evidence**	**Evidence on client file**
A. Client is eligible for refitting under the Refitting Requirements and a device fitting has been claimed against the current voucher.	• An Eligibility Criteria for Refitting (ECR) has been met *(please select one from the drop down)* **ECR 2** **AND** • Provide evidence to support this assertion as described in the Eligibility Criteria for Refitting guidelines	☒ ☒

Supporting Evidence for Reason B and ECR 2

(Please type or clearly print in the mandatory free text fields provided)

ECR 2 - The current hearing device/s is/are unsuitable because the client can no longer use their device/s due to a significant deterioration in health, dexterity or cognitive ability since last fitting.

Details about deterioration in client health

What type of deterioration has occurred? *(please select all that apply)*	Health ☒	Dexterity ☒	Cognition ☐
Date deterioration reported?	25/02/2019		

Describe the deterioration in health, dexterity or cognition.

The client has was diagnosed with diabetes on the 7/06/2016 which has progressively worsened over the years causing numbness and dulled sensitivity in their fingertips.

Details about the current fitting

Why are the current device/s no longer suitable?

The current ITC devices are no longer suitable because the client is unable to correctly insert devices despite efforts to train the client on device management. In addition, she is unable to change the batteries or feel the volume and program control buttons. This has caused frustration and the client has now lost motivation to wear the devices.

Regarding their current device/s (at the follow-up appointment)	**Y / N**
1. Were the clients hearing goals met?	Yes
2. Was the client able to manage the device independently?	Yes
Did the client voice any concerns about the device and/or fitting? ***(if yes, please describe below if their concerns were addressed and resolved)***	Yes

No, the devices were successfully fitted in January 2016. The client was happy with the devices and there was no indication the client was having management difficulties.

Attempts to resolve issues with current devices

	Y / N
Is there a family member or carer (e.g. nursing home staff) able to assist the client with their current device management? ***(if yes, this application should not be submitted)***	No
Has a remote control been considered to assist the client with the current device management? ***(if no, please consider if supplying a remote would be more appropriate)***	Yes

Describe what has been tried with the current device/s and why they cannot be modified.

The client has no local family members that can help with managing the devices on a daily basis. The client lives independently in her own home and has no carer to assist them. A remote control was trialled but the client became confused and frustrated when they were shown how to use the remote, they showed no motivation in using it.

Proposed solution

	Left device code	Right device code	Category 1[1]	Category 2[2]	Category 3[3]	Non-Standard[4]
Proposed device/s	**B321AID**	**B321AID**	☒	☐	☐	☐

Describe what new devices are proposed and how will they address the current issue.

We are proposing to refit the client with BTE devices and a ¾ shell mould. The client trialled a pair of BTE devices and was able to independently insert the devices into her ear (after some practice). To avoid confusion with volume and program changes, we will ensure the devices are set to automatic (i.e. no volume or program controls).

Doctor's letter

Please attach a **doctor's letter** that clearly states the date and condition/deterioration the client suffers from.

Acceptable Letters	**Example 1** – The client was diagnosed with **Osteoarthritis** on **10/02/2019** affecting their finger joints making it hard to manage and insert their device/s. **Example 2** – The client recently suffered a **Stroke** on **15/01/2019** which has affected their fine motor skills and can no longer independently manage the current device/s.
Unacceptable Letters	**Example 1** – The client cannot manage his device and requires new aids. **Example 2** – The client wants new aids, could this be organised.

[1] Category 1 devices include high powered devices.
[2] Category 2 devices include standard behind-the-ear (BTE) devices.
[3] Category 3 devices include custom devices such as In-the-Canal (ITC), In-the-Ear (ITE) and Completely-in-the-Canal (CIC).
[4] Non-standard (NS) devices include, Assistive Listening Devices (ALDs), Contralateral Routing of Signal (CROS) and Bilateral-CROS (BiCROS) devices, body aids and bone-conductor aids.