



Australian Government

Department of Health

Invoice issue date

[Empty box for invoice issue date]

### Hearing Services Program – Tax Invoice and Claim for Payment

Client Full Name

Voucher Number and Issue Date

[Empty boxes for Client Full Name and Voucher Number and Issue Date]

Service Provider Name

ABN

Contract Number

[Empty boxes for Service Provider Name, ABN, and Contract Number]

**CLAIM DETAILS (please note: there is a separate form for annual maintenance)**

QTY	Description of Service (e.g. assessment)	Date of Service (DD/MM/YYYY)	Practitioner Number	Site ID	Item Number	Item Benefit (excluding GST)	GST Amount	Total Benefit (including GST)
1						\$	\$	\$
1						\$	\$	\$
1						\$	\$	\$

**MONAURAL and/or SUBSEQUENT FITTING – claim details**

QTY	Ear	Date of Service (DD/MM/YYYY)	Practitioner Number	Site ID	Item Number	Date of Fitting (DD/MM/YYYY)	Device Code	Device Benefit (excluding GST)	GST Amount	Total Benefit (including GST)
1	L							\$	\$	\$
1	R							\$	\$	\$

**BINAURAL FITTING – claim details**

QTY	Ear	Date of Service (DD/MM/YYYY)	Practitioner Number	Site ID	Item Number	Date of Fitting (DD/MM/YYYY)	Device Code	Device Benefit (excluding GST)	GST Amount	Total Benefit (including GST)
1	L							\$	\$	\$
1	R							\$	\$	\$

Total Amount Payable for the fitting item and devices only =

\$      \$      \$

3 FAHL (1-120dB)	Left dB	Right dB	Cost to client for partially subsidised device/s	Left \$	Right \$

Maintenance Cost to Client <small>This applies to items 635, 636, 630, 631, 640, and 641 only.</small>	\$	*Item 960* - Date client only aidable to one ear?
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Remote Control Manufacturer Invoice Cost	\$	*Item 670* - Please advise the follow-up date
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**Certification by Client**

I certify that I received the service(s) and /or device(s) listed above and that I am still eligible to receive services under the program and I understand that the information provided on this form is required for the delivery of services under the *Hearing Services Administration Act 1997*.

Full Name (please print)

Signature

Date

[Empty boxes for Client Certification signature and date]

**Certification by Service Provider**

I certify that I have fully informed the client about hearings services and fully subsidised devices available to them, and the details on this claim form are true and correct.

The cost of the program to the client is \$ \_\_\_\_\_. I am income tax exempt – YES/NO. I am GST registered – YES/NO.

Full Name (please print)

Signature

Date

[Empty boxes for Service Provider Certification signature and date]