



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. To 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 A – client requires a reassessment

Reason	Supporting Evidence	Evidence on client file
A. Significant deterioration in hearing	<ul style="list-style-type: none"> Enter the results of the previous audiogram (from the last 600/800 assessment) and most recent audiogram/screening test (from the last review item 930/940) in the table below indicating deterioration in air conduction or bone conduction thresholds of ≥15dB at 2 or more frequencies between 500 to 4000 Hz in at least one ear. <p>AND</p> <ul style="list-style-type: none"> Tympanometry results, if bone conduction thresholds are not tested. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Revalidated service item 800 – Reassessment and 810 (audiological case management if applicable)		<input checked="" type="checkbox"/>

Supporting Evidence for Reason A - item 800 and/or item 810

Please enter the results of the **previous** audiogram (from the last 600/800 assessment) and most **recent** audiogram/screening test (from the last review item 930/940) in the table below indicating deterioration in air conduction or bone conduction thresholds of **≥15dB at 2 or more frequencies between 500 to 4000 Hz in at least one ear.**

Test Date		Left Ear Results (KHz)							Right Ear Results (KHz)						
		0.5	0.75	1	1.5	2	3	4	0.5	0.75	1	1.5	2	3	4
Previous Audiogram 15/02/2017	AC	10	10	30	40	65	50	75	30	30	25	65	65	80	95
	BC														
Current Audiogram 23/05/2019	AC	10	5	45	45	45	75	95	30	30	30	85	100	100	100
	BC														

AND

Please indicate the **Tympanometry results** if bone conduction thresholds are not tested to show that the deterioration is not the result of temporary middle ear dysfunction.

Type A

Reason B – client meets the Eligibility Criteria for Refitting

Revalidated service item <i>(please select one or more items)</i>		Select
820 – Refitting and rehabilitation (monaural) or 821 – Refit with no follow up appointment (monaural)		<input checked="" type="checkbox"/>
830 – Refitting and rehabilitation (binaural) or 831 – Refit with no follow up appointment (binaural)		<input type="checkbox"/>
825 – Refitting and rehabilitation (ALD) or 826 – Refit ALD with no follow up appointment		<input type="checkbox"/>
760 - Subsequent initial fitting, rehabilitation and maintenance or 761 – Subsequent fitting with no follow up appointment		<input type="checkbox"/>
770 - Subsequent initial fitting, rehabilitation and maintenance or 771 – Subsequent fitting with no follow up appointment		<input checked="" type="checkbox"/>
Reason	Supporting Evidence	Evidence on client file
B. Client is eligible for refitting under the Refitting Requirements and a device fitting has been claimed against the current voucher.	<ul style="list-style-type: none"> An Eligibility Criteria for Refitting (ECR) has been met <i>(please select one from the drop down)</i> ECR 1 <p>AND</p> <ul style="list-style-type: none"> Provide evidence to support this assertion as described in the Eligibility Criteria for Refitting guidelines 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Supporting Evidence for Reason B and ECR 1

ECR 1 - The current hearing aid(s) are unsuitable because they can no longer be optimised by adjustments or any other modifications to meet current gain requirements.

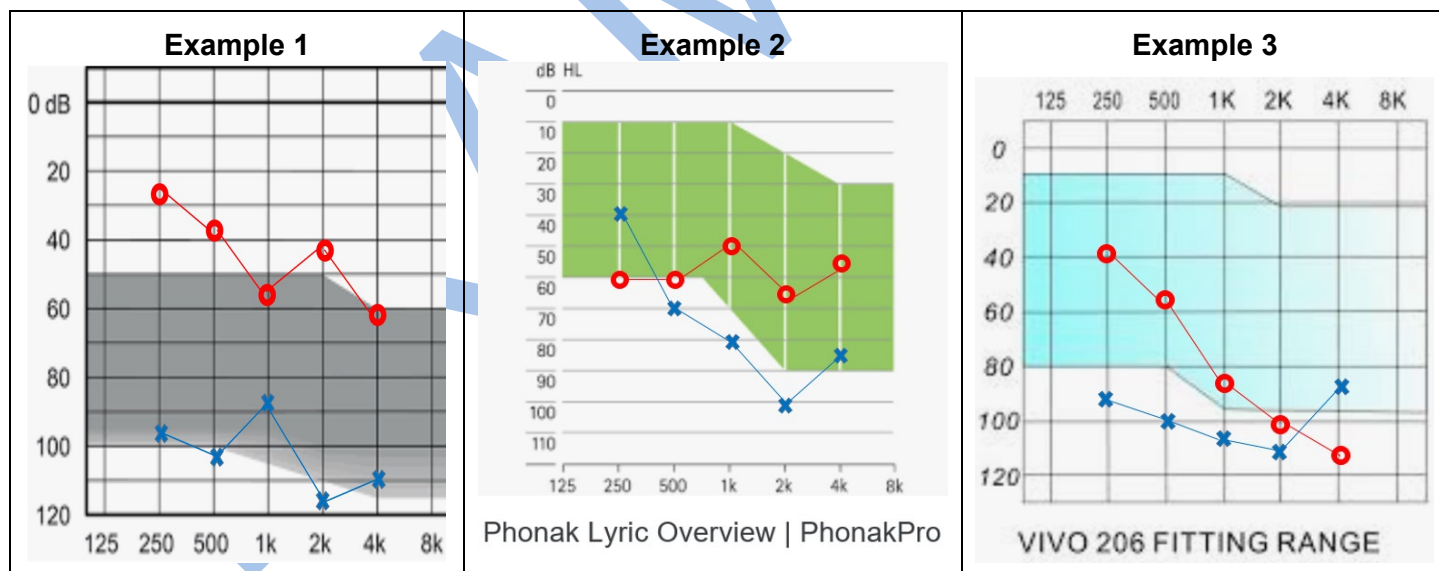
Hearing thresholds

Please enter the results of the **previous** audiogram (from the last 600/800 assessment) and most **recent** audiogram/screening test (from the last review item 930/940) in the table below indicating deterioration in air conduction or bone conduction thresholds of $\geq 15\text{dB}$ at 2 or more frequencies between 500 to 4000 Hz in at least one ear.

Test Date		Left Ear Results (KHz)							Right Ear Results (KHz)						
		0.5	0.75	1	1.5	2	3	4	0.5	0.75	1	1.5	2	3	4
Previous Audiogram 15/02/2017	AC	10	10	30	40	45	50	75	30	30	25	65	65	80	95
	BC														
Current Audiogram 23/05/2019	AC	20	30	45	45	65	75	95	30	30	30	85	100	100	100
	BC														

Hearing aid fitting range

Please attach the **fitting range** for the client's current device/s.



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 <input checked="" type="checkbox"/>	Dexterity <input checked="" type="checkbox"/>	Cognition <input type="checkbox"/>
Date deterioration reported?	25/02/2019		
Describe the deterioration in health, dexterity or cognition. The client has been 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

Is there a family member or carer (e.g. nursing home staff) able to assist the client with their current device management? <i>(if yes, this application should not be submitted)</i>	Y / N No
Has a remote control been considered to assist the client with the current device management? <i>(if no, please consider if supplying a remote would be more appropriate)</i>	Yes
<p><i>Describe what has been tried with the current device/s and why they cannot be modified.</i></p> <p>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 trialed but the client became confused and frustrated when they were shown how to use the remote, they showed no motivation in using it.</p>	

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Describe what new devices are proposed and how will they address the current issue.</i></p> <p>We are proposing to refit the client with BTE devices and a ¾ shell mould. The client trialed 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).</p>						

Doctor's letter

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

Acceptable Letters	<p>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.</p> <p>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.</p>
Unacceptable Letters	<p>Example 1 – The client cannot manage his device and requires new aids.</p> <p>Example 2 – The client wants new aids, could this be organised.</p>

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.

Supporting Evidence for Reason B and ECR 3

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

ECR 3 - A change in physical condition of the ear or ear health has occurred since last fitting and the client requires a different style of hearing device(s) to accommodate this change.

Ear health

Describe the change in physical condition of the ear or ear health.

The client had their pinna removed, this has impacted on being able to wear the right BTE device as it no longer sits correctly and keeps falling out.

Ear surgery

If the client has had ear surgery, please provide the date they had the surgery.

Due to skin cancer of the outer ear, the client had an operation on their right ear in January 2019 to remove the pinna.

Attempts to resolve issues with current devices

	Y / N
If the client has a custom device, have you tried to re-shell the device?	Yes
Have you tried thin/slim tubes or size 13 tubes?	Yes
Have new mould been taken and tried?	Yes

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

We have taken new impression and ordered new moulds. As the pinna was completely removed the device will not sit in the ear and keeps falling out even after attempts to resolve the issue.

Proposed Solution

	Left	Right	Category 1	Category 2	Category 3	Non-Standard
Proposed device/s	N/A	C321AID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

We propose to fit the client with an ITC device for the right ear.

Doctor's letter

Please attach a **Doctors Letter** that clearly states the change in the physical condition of the ear or ear health and when this change occurred.

Acceptable Letters	<p>Example 1 – The client had ear surgery on 10/01/2019 where the pinna was removed and the current aids no longer fit appropriately.</p> <p>Example 2 – The client has been diagnosed with External Otitis Media on 15/01/2019 and can no longer wear aids that are in the canal.</p>
Unacceptable Letters	<p>Example 1 – The client perspires heavily during the warmer months and his current Behind-the-Ear device/s is causing a rash/soreness over the top of his ears.</p> <p>Example 2 – The client's earlobe has been removed and would like new devices. Could this be organised.</p>

EXAMPLE

Supporting Evidence for Reason B and ECR 4

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

ECR 4 - The current hearing aid(s) are unsuitable because the client requires a telecoil, and current hearing aid(s) do not have a telecoil.

	Y / N
Did the client opt out of a telecoil from the previous fitting?	No

Change in client goals

Describe the change in client needs since the last fitting and why they now require a telecoil option.

The client has recently started studying a Diploma in Languages at the University of Melbourne. She needs a telecoil to be able to connect to the induction loop in the lecture theatres using a streaming device supplied by the university.

Supporting Evidence for Reason B and ECR 5

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

ECR 5 - Client currently fitted with an Assistive Listening Device (ALD) and now requires hearing aid(s).

ALD to hearing aid fitting

Describe the change in client circumstances that now requires a hearing aid refitting.

The client was fitted with an ALD in 2017 as their COSI goal at the time was to hear the TV better. The client recently attended an appointment and feels their hearing has worsened and feels they would benefit from hearing aids. A reassessment was performed and shows a significant bilateral hearing loss. New COSI goals show client is wanting to hear better in social situations outside of the home and is motivated in a hearing aid fitting.

Supporting Evidence for Reason B and ECR 6

ECR 6 - Client's previous initial fit or refit occurred more than five (5) years ago.

A request for revalidated services is not required for ECR 6.

If the client is eligible for the program

- A return voucher should be issued prior to a refitting
- Evidence supporting a refit should be kept on the client file