



Request form 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. 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 B – ECR 6 Example

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 |
| A. 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> <div style="text-align: center;">ECR 6</div> | <input checked="" type="checkbox"/> |
| | <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"/> |

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