

Insert Provider Logo Here

Hearing Services Program Maintenance Agreement

Issue Date

Client Full Name

Voucher Number

<input type="text"/>	<input type="text"/>
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Maintaining your hearing device/s and buying batteries can be costly. An easy and cost effective way to help you take care of your hearing device/s is to enter into an annual, Australian Government subsidised Maintenance Agreement. A Maintenance Agreement will cover the costs of your device batteries and maintenance for 12 months, for which you may be asked to pay an annual co-payment. Maintenance Agreements are optional and do not cover device accessories.

For **Fully Subsidised Devices** the annual client maintenance co-payment is set by the program and may increase each year. The co-payment amount is the maximum you can be charged annually. Maintenance Agreements for fully subsidised devices also cover all repairs for your device.

For **Partially Subsidised Devices** the annual client maintenance co-payment may be more than the program set co-payment for fully subsidised devices. You should have been informed of this amount in your device quote. This amount may increase each year. Maintenance Agreements for partially subsidised devices may not cover all repair costs, however any additional costs should be included in your device quote.

Department of Veterans' Affairs (DVA) Gold or White (specific for hearing loss) card holders

Clients with fully subsidised devices are exempt from paying the client maintenance co-payment. Clients with partially subsidised devices must pay any difference between the government maintenance subsidy and the maintenance co-payment quoted for their device/s. DVA clients must still agree to enter into a Maintenance Agreement by completing this form.

Further information about maintenance agreements is available on the program website at <http://www.hearingservices.gov.au>

Your client co-payment for this agreement is

You should not sign a Maintenance Agreement form that is blank or incomplete. If you have any questions about the Maintenance Agreement, including when it will begin, please contact us on the phone number specified above. This agreement will be held on your client file. You can ask for a copy of the completed form for your records.

Certification by client

I have chosen to enter into a 12 month Maintenance Agreement. I understand that the information provided on this form is required for the delivery of maintenance services under the *Hearing Services Administration Act 1997*.

Client Name (please print)

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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