

Insert Provider Logo Here

A Provider Name
A Provider Address
A Provider Contact Number

Private Services and Devices Acknowledgement Form

Client Full Name

Voucher Number

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Service Provider Name

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Details of Privates Services

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Effect on future Program services

Proceeding with private services may reduce the future services you are eligible to receive through the Hearing Services Program. The private services listed above will have the following effect on future program services:

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Client Certification

I certify that

- I have been informed about the fully subsidised services, including devices, available to me through the Australian Government Hearing Services Program (the program).
- The provider has informed me this is a private service and is not available to me through the program. There is no government subsidy for this service.
- I have been advised of the total cost for the private service, which I will be required to pay.
- If devices are being purchased privately, I have been provided a written quote for the devices.
- I understand the purchase of this private service may affect future services available to me through the program.
- I have chosen to purchase the service as a private service from my provider.

Name (please print)

Signature

Date

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The completed form must be kept on the client record and you are entitled to receive a copy of this document.

PSDA-0320

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