



Invoice issue date

Hearing Services Program – Tax Invoice and Maintenance Agreement

If you have been fitted with a hearing device through the Hearing Services Program (the program), you have the option of entering into a maintenance agreement with your service provider. Maintenance agreements are an easy and cost effective way to help you take care of your hearing device.

For an annual fee, your service provider will supply you with batteries, maintenance services and repairs for your hearing device for 12 months. If you hold a Department of Veterans' Affairs (DVA) Gold or White (specific for hearing loss) card and have chosen a fully subsidised device you are exempt from paying the annual fee, however you are still required to sign the maintenance agreement form if you decide to enter into an annual maintenance agreement.

This form is to be used to claim items 700, 710, 711, 722, 790, 791 and /or 777.

All fields are mandatory.

Family Name	First name	Voucher Number and Issue Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

BATTERY AND MAINTENANCE AGREEMENT – claim details

QTY	Description of Service	Date of Service (DD/MM/YYYY)	Practitioner Number	Site ID	Item Number	Cost to Client	Item Benefit (excluding GST)	GST Amount	Total Benefit (including GST)
1						\$	\$	\$	\$
1						\$	\$	\$	\$
Total Amount Payable to Service Provider =						\$	\$	\$	\$

Certification by Client

I agree to enter into a 12 month maintenance agreement and if applicable pay my service provider the amount specified as the cost to client. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

You should not sign a maintenance agreement form that is blank or incomplete. Retain a copy of the form for your records

Certification by Service Provider

I certify that I have fully informed the client of the services that are available as part of the maintenance agreement, the cost to the client, and the co-payment received as part of the program.

I certify that 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.

Service Provider Name	ABN	Contract Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name (please print)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>