



Australian Government

Department of Health

Hearing Services Program Tax Invoice and Claim for Payment

Client Full Name

Voucher Number

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CLAIM DETAILS

Qty	Item Number & Description of Service	Date of Service (DD/MM/YY)	QP Number.	Site ID	Cost to Client (Add \$0 if no cost)	Item Benefit (excluding GST)	GST Amount	Total Benefit (GST inclusive)
Total service/s item benefit								

FITTING INFORMATION (only complete this section if claiming a fitting item above)

Ear	Device Code	Date of Fitting (DD/MM/YY)	Tier Category	Cost to Client (Add \$0 if no cost)	Device Benefit (excluding GST)	GST Amount	Total Benefit (GST inclusive)
Left							
Right							
Total device benefit							

TOTAL CLAIM BENEFIT

Total claim benefit = service item benefit + device benefit (if applicable)	\$
Total cost of the claim to the client	\$

OTHER DETAILS

Most recent 3FAHL details (1-120dB)	Left (dB)		Right (dB)	
For Item 960 - Date the client became aidable to one ear (DD/MM/YYYY)				
For Item 670 - Please advise the follow-up date (DD/MM/YYYY)				
Remote Control Manufacturer Invoice Cost	\$			

CERTIFICATION BY SERVICE PROVIDER

Service Provider Name			
ABN Number			
Are you income tax exempt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you GST registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify that the information provided above is true and correct and the services were provided in accordance with the *Hearing Services Administration Act 1997*, the *Hearing Services Program (Voucher) Instrument 2019*, the Service Provider Contract and Schedule of Service Items and Fees. I understand that providing false information to the Commonwealth is a criminal offence. I certify the above QP number is the number of the practitioner or supervising practitioner who delivered or supervised the service being claimed for.

Full Name (Claim submitted by)	Signature	Invoice Issue Date