



Australian Government

Department of Health

### Hearing Services Program Tax Invoice and Claim for Payment

Client Full Name

Voucher Number

--	--

#### 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)
<b>Total service/s item benefit</b>								

#### 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							
<b>Total device benefit</b>							

#### 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.

<b>Full Name (Authorised person)</b>	<b>Signature</b>	<b>Invoice Issue Date</b>
	<i>Jane Doe</i>	