# Request to fit a Non-Scheduled Device

This form is to be used when seeking approval to fit a client with a hearing device that is **not listed** on the schedule of devices.

Non-scheduled devices should not be fitted without prior approval as retrospective approval **will not** be given.

**Does the client meet eligibility requirements for specialist services?** Yes  No 

Please retain a copy of this form on the client’s record.

**Attachments**

Please attach the supporting clinical evidence to this form. Include:

* Audiogram;
* Aid Specifications; and
* A copy of the quote you received from the manufacturer for the device/s.

These attachments are **required** as part of your request. If these attachments are not included, your request may not be assessed.

**Client Voucher Number**

**Date of Birth**

**Client Name**

**Provider Name**

**Site ID**

**Telephone number**

**Contact Email**

**Qualified Practitioner Name**

**Qualified Practitioner Number**

**Date**

**Non-Scheduled Device Details**

**Manufacturer details**

**Device Style/name/model**

**Cost per device**

**Left**

**Right**

**Client’s Audiological Need**

Provide information about the client’s audiological need for this particular device. Please explain why devices currently listed on the schedule are not suitable, and cannot provide a satisfactory rehabilitation outcome for the client.

Please return this form and supporting attachments via email to [hearing@health.gov.au](file:///\\central.health\dfsuserenv\Users\User_08\LAYTSA\Documents\hearing@health.gov.au)

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