



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

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.

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

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

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