



# Hearing Aid Replacement Request

**For hearing aid replacements**, complete this form regardless of the age of the hearing aids. In order for a replacement to be considered, one or more of the replacement criteria must be met. If the hearing aid(s) is less than five years old, **prior authorization is required**. Do not proceed with fitting new hearing aids, or starting a trial, until you have reviewed written approval from WorkSafeBC.

**For lost or damaged hearing aid(s)** beyond normal wear and tear, **submit Form 51W18**.

## Date of submission

Date (yyyy-mm-dd)

Contact the Claims Call Center (1.888.967.5377) to verify the serial numbers and fitting dates for the hearing aid(s) the injured worker brought into the clinic.

## Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Street Address	City	Postal Code	Phone Number (include area code)

## Clinic information

Clinic	Fax number (include area code)	Payee number	
Address	City	Province	Postal code
Phone number (include area code)	Practitioner		

## Description of current hearing aid(s)

	Manufacturer and model	Style (e.g., BTE, RIC, ITE)	Serial number	Hearing aid fitting date (yyyy-mm-dd)	Age of the hearing aid in years, months (e.g., 5 yrs 3 mos)	Hearing aid clinic that fit the hearing aids.
Right ear						
Left ear						
Manufacturer repair history (year, month, left or right side)						

## Rationale for replacing hearing aid(s)

A hearing aid is replaced only as required, regardless of its age; therefore, the rationale must be clear and supported with documentation as applicable. If a hearing aid is less than five years old, prior authorization from the WorkSafeBC is required before a new hearing aid may be dispensed.

Replacement criteria - Please check appropriate boxes	Left	Right
1. Inadequate gain available	<input type="checkbox"/>	<input type="checkbox"/>
2. Improper fit resulting in feedback	<input type="checkbox"/>	<input type="checkbox"/>
3. Significant change in hearing (>20 dB) at three or more frequencies (500–4,000 Hz)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hearing aid style inappropriate (e.g., dexterity, acoustical needs)	<input type="checkbox"/>	<input type="checkbox"/>
5. Manufacturer will not repair hearing aid (letter from manufacturer required)	<input type="checkbox"/>	<input type="checkbox"/>
6. Excessive manufacturer repair history (indicate cost of repair below and provide details of excessive srepair history)	<input type="checkbox"/>	<input type="checkbox"/>

