



Note: For lost hearing aid replacement requests, this form **must be accompanied by a letter** from the client outlining the circumstances of the loss, and prior authorization from the WorkSafeBC Hearing Loss Department is required before replacing any lost hearing aid(s).

Number of pages attached
(note form 51W6 **and** claim number on each page)

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Street address		City	Postal code
Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? (yyyy-mm-dd)	Phone number (include area code)	

Clinic's information

Clinic		
Payee number	Date (yyyy-mm-dd)	
Mailing address		
City	Postal code	Phone number (include area code)
Practitioner		Fax number (include area code)

Description of current hearing aid(s)

	Manufacturer/Model	Style (e.g., BTE, RIC, ITE)	Serial number	Date fitted (yyyy-mm-dd)	Age of the hearing aid in years	Clinic
Right ear						
Left ear						
Repair history						

Rationale to replace hearing aid(s)

A hearing aid is replaced only **as required, regardless of its age**; a rationale must be noted and supported with documentation. Additionally, if the present hearing aid is less than five years old, prior authorization from the WorkSafeBC Hearing Loss Department is required before new hearing aid(s) may be dispensed.



Hearing Aid Replacement Information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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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 (>20dB) at three or more frequencies (500–4000Hz)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hearing aid style inappropriate (e.g., dexterity, acoustical needs)	<input type="checkbox"/>	<input type="checkbox"/>
5. The manufacturer will not repair the hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
6. Excessive repair/remake history (please indicate cost of repair below and provide details in the troubleshooting notes)	<input type="checkbox"/>	<input type="checkbox"/>
Cost of repairs in past year	\$	\$
Cost of repairs over the life of the hearing aid	\$	\$
Manufacturer's quote for repairs	\$	\$
<input type="checkbox"/> Other Explanation		
Troubleshooting/steps taken to resolve issues/details of excessive repair history		
1.		
2.		
3.		
Proposed solution (style, make, model of proposed new hearing aids including rationale)		

Mandatory submissions (request is considered incomplete without the following attachments)

1. <input type="checkbox"/> Current audiogram (using form 83D73 External Hearing Evaluation)
2. <input type="checkbox"/> Real ear measurements (REM) of hearing aids requested to be replaced (External REM form 83D72 not required for aids requested to be replaced. Please write the worker's claim number and 51W6 on each REM tracing.)

Real ear measure information of hearing aids requested to be replaced

Signal used <input type="checkbox"/> Speech <input type="checkbox"/> Simulated speech	Frequency compression Left aid <input type="checkbox"/> Yes <input type="checkbox"/> No Right aid <input type="checkbox"/> Yes <input type="checkbox"/> No
If simulated REMs used, provide justification	
Is the hearing aid maxed out? Left aid <input type="checkbox"/> Yes <input type="checkbox"/> No Right aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a recent REM (within six months)? Left aid <input type="checkbox"/> Yes <input type="checkbox"/> No Right aid <input type="checkbox"/> Yes <input type="checkbox"/> No

Claims Call Centre

Phone 604.231.8888
Toll-free 1.888.967.5377
M–F, 8 a.m. to 6 p.m.

Fax

604.233.9777
Toll-free 1.888.922.8807

Mail

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

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