



4. Hearing aid style inappropriate (e.g., dexterity, acoustical needs)

srepair history)

5. Manufacturer will not repair hearing aid (letter from manufacturer required)

6. Excessive manufacturer repair history (indicate cost of repair below and provide details of excessive

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 la	Worker's last name Fir		irst name		Middle initial	WorkSafeBC claim number			
Street Address			City		Postal Code	Phone Number (include area code)			
Clinic in	formation								
Clinic				Fax number (include area code)		Payee number			
Address				City		Province	Postal code		
Phone number (include area code)			Practitioner						
Descrip	tion of current	hearing aid	(s)						
	Manufacturer and model	Style (e.g., BTE, RIC, ITE)	Serial number	Hearing aid fitting date	Age of the hearing aid in years, mon (e.g., 5 yrs 3 mo	ths Hearin	g aid clinic that e hearing aids.		
Right ear									
Left ear									
Manufactur	er repair history (year,	month, left or rig	ght side)						
A hearing ai	le for replacing d is replaced only as re e. If a hearing aid is les ensed.	quired, regardles	s of its age; theref						
Replacem	ent criteria - Please (check appropria	te boxes			Left	Right		
1. Inadequate gain available									
2. Improper fit resulting in feedback									
3. Significant change in hearing (>20 dB) at three or more frequencies (500-4,000 Hz)									

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Hearing Aid Replacement Request

Worker's last name	First name		Middle initial	WorkSafeBC c	WorkSafeBC claim number					
Replacement criteria - Please che	ck appropriate boxes			Left	Right					
Cost of repairs in past year				\$	\$					
Cost of repairs over the life of the	\$	\$								
Manufacturer's quote for repairs	\$	\$								
Details of excessive repair history										
7. Injured Worker has transferred from a Beltone clinic and the Hearing Aid Provider is unable to program Beltone Hearing Aids (If approved, hearing aids must be returned to Beltone Canada within 5 business days of the hearing aids being returned to the clinic.)										
8. 🗆 Other										
Note – New or matching technology is not a replacement criteria and will not be considered.										
Details of replacement criteria rationale to support hearing aid replacement.										
Troubleshooting, detailed steps taken to resolve issues.										
Proposed solution (style grade and grade of grane and grade of grade of grane and grade of grane and grade of grane and grade of										
Proposed solution (style, make, and model of proposed new hearing aid(s), including rationale)										
Mandatory submissions (reauest is considered incor	nplete without th	ne following atta	achments)						
Mandatory submissions (request is considered incomplete without the following attachments) 1. Current audiogram (using form 83D73 External Hearing Evaluation)										
☐ 2. Real ear measurements			e renlaced							
(external REM form 83D72 not require	for aid(s); please write the worker's cl	aim number on each REI	M tracing)							
Real ear measure informa	ation of hearing aid	(s) requeste	ed to be rep	laced						
Signal used		Frequency comp	ression							
☐ Speech ☐ Simulated	speech	Left aid		Right aid						
		☐ Yes ☐] No	☐ Yes	□ No					
If simulated REMs used, provide justi	fication									
Is the hearing aid maxed out?		Is this a recent REM (within six months)?								
Left aid Ri	ght aid	Left aid		Right aid						
☐ Yes ☐ No ☐	Yes □ No	☐ Yes ☐] No	□ Yes	□ No					
Claims Call Centre Fax Mail										
	04.233.9777 oll-free 1.888.922.8807	WorkSafeBC	Stn Terminal							
M–F, 8 a.m. to 6 p.m.	on 1100 1.000.922.0007	PO Box 4700 Stn Terminal Vancouver BC V6B 1J1								

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.

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