



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.

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

Voucher Number	Date of Birth / /
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Client Name

Provider Name

Site ID	Telephone number
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Contact Email

Qualified Practitioner Name

Qualified Practitioner Number	Date / /
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Non-Scheduled device details
Manufacturer
Device Style/name/model
Cost per device Left
Right

Statement of the client's audiological need and explanation as to why the devices currently listed on the schedule will not provide a satisfactory rehabilitation outcome

Please attach supporting clinical evidence – e.g Audiogram, Aid Specifications and a copy of the manufacturer's quote. This form can be electronically submitted via email to hearing@health.gov.au
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