

WORKER DETAILS

		WCB Claim #
Worker's Surname	First Name and Initial	Date of Birth (yyyy/mm/dd)
Telephone #	Assessment Date (yyyy/mm/dd)	Date of Accident (yyyy/mm/dd)

***** Use this form if the hearing aid is more than 5 years old *****

Description of Need for Replacement

A hearing aid is replaced only as required, regardless of its age; a rationale must be noted and supported with documentation.

<i>Please check appropriate boxes</i>	L	R
Hearing aid is greater than 5 years old and a manufacturer's repair is required <i>As a contracted hearing loss provider, I have examined the hearing aid, and certify that a manufacturer's repair is required. No additional supporting documents required.</i>		
<i>Please check appropriate boxes</i>	L	R
Real ear measurements demonstrate that the hearing aid is no longer providing adequate gain for the worker <i>Supporting documents required:</i> <ul style="list-style-type: none"> • <i>Current audiogram (using form C662 Hearing Loss Assessment)</i> • <i>Real ear measurements (REM) of hearing aids requested to be replaced</i> 		
Electroacoustic analysis demonstrates that the hearing aid is no longer providing adequate gain for the worker <i>Supporting documents required: Electroacoustic analysis</i>		
A change in hearing aid style is required due to a significant change in hearing (≥ 20dB) at three or more frequencies (500 – 4000Hz)		
A change in hearing aid style is required due to a significant change in physical condition (i.e. stroke)		
A change in hearing aid style is required due to improper fit resulting in feedback		
<input type="checkbox"/> Other reason for replacement (please provide explanation)		
Signal Used: <input type="checkbox"/> Speech <input type="checkbox"/> Simulated Speech	Frequency Compression: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Simulated REMs used: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide justification:		
Is the hearing aid maxed out? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a recent REM (within six months)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the aid at user preference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Schedule B, Clause 4.10 "For replacement of hearing aids five (5) years old or greater, the Contractor will submit the completed C1265B form and the invoice. If this process is followed, the Contractor may replace the aid(s) without WCB pre-authorization".