

P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: 780-427-5863
1-800-661-1993

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

Hearing Device	Code	* Manuf. Cost	Shipping Cost	Fitting Fee	Total Cost
Monaural <input type="checkbox"/> L <input type="checkbox"/> R	*HL03M	\$	\$40	\$445	\$
Monaural <input type="checkbox"/> L <input type="checkbox"/> R Li-ion Rechargeable	*HL03MR	\$	\$40	\$445	\$
Binaural	*HL03BA	\$	\$80	\$890	\$
Binaural Li-ion Rechargeable	*HL03BAR	\$	\$80	\$890	\$
Cros/Bi-Cros	*HL03W	\$	\$40	\$595	\$
Cros/Bi-Cros Transmitter	*HL03T	\$	N/A	N/A	\$
Amplified Telephone	*HL07	\$	15% \$	\$25	\$

*** Per contract Manufacturer's invoice must be attached for goods and services purchased (as applicable)**

Batteries	Code	Quantity	Cost
Batteries – Right ear	HL23R		\$
Batteries – Left ear	HL23L		\$
Batteries size 10 – Right ear	HL23AR		\$
Batteries size 10 – Left ear	HL23AL		\$

Incidental Items	Code	Quantity	Cost
			\$
			\$
			\$
			\$
Total Amount Billed			\$

Client and Service Provider - Please Read Before Signing

I completed my _____ day trial period to assess my hearing aid(s). My hearing aid(s) are beneficial to me and I have decided to keep them. I understand that lost, stolen and damaged hearing aids will not be replaced by WCB. If problems arise with my hearing aid(s) I will return to the provider in a timely manner.

I hereby certify that I have received the above goods.

(Signature of WCB Client) _____ Date: _____

I agree that since I have chosen a hearing aid and/or incidental item(s) that is more expensive than that approved by the WCB, I will be solely responsible for the additional cost for this aid and/or incidental item(s) and any additional cost incurred in repairing this aid over that aid approved by the WCB. Any such payment required will be a matter between myself and the provider.

(Signature of WCB Client) _____ Cost Share Amount: \$ _____ Date: _____

I hereby certify that I have rendered the above goods and/or services to the client named above in accordance with all of the standards of the WCB Hearing Aid Program.

(Signature of Service Provider) _____ Date: _____

Name and mailing address of Service Provider	Invoice #:	Telephone #:
	WCB Billing #:	Fax:

Worker's (Surname)	(First Name)	Claim Number
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SERVICE LEGEND

DESCRIPTION	SERVICE CODE	RATE	
Ear mold(s) – manufacturer cost	HL09 *		Manufacturer cost
Ear mold(s) – clinic cost	HL10	\$50.00	Maximum of 2 calls
Repairs – out of office	HL11	\$65.00	Maximum of 2 calls
Repairs – In office	HL12	\$30.00	Maximum of 2 calls
Repairs in office – maintenance	HL12M	\$30.00	Maximum of 2 calls
Repairs – manufacturer cost	HL13		Manufacturer cost
Hearing aid return fee	HL14	\$48.00	Once per claim
Cerumen management	HL15	\$15.00	Maximum of 2 calls
Auditory Brainstem Response	HL16	\$175.00	
Home visit – travel time	HL17	\$65.00	Per hour – outside city limits
Home visit – clinical time	HL18	\$65.00	Per hour – outside city limits
Home visit – mileage	HL19	\$0.51	WCB rate
Wax guards	HL20		\$16.00 max per package of 10
Dry aid kits	HL21		\$22.00 maximum cost per kit
Hearing protection – ear	HL22E		Maximum of \$80.00 per pair Once per claim
Hearing protection – ear – clinic fee	HL22EC	\$50.00	Maximum of 2 calls
Hearing protection – muff	HL22M		Once per claim
Battery tester	HL24		\$20.00 maximum once per claim
Ear mold tubing	HL25		\$10.00 each maximum cost
Hearing loss – other (no shipping charges)	HL27		
Phone repairs	HL28		
Dessicant pucks	HL29		\$13.00 maximum per package of 3
Eargene	HL30		\$10.00 each maximum cost
Oto-ease	HL31		\$5.00 each maximum cost
Sanitizer spray	HL33		\$10.00 each maximum cost
Telephone pads	HL34		\$4.00 each maximum cost
Miracell	HL35		\$10.00 each maximum cost
Audio wipes	HL36		\$10.00 max per package of 36
Sweatbands	HL37		\$30.00 each maximum cost
Domes	HL38		\$20.00 max per package of 10
Receiver (in the ear)	HL39		Manufacturer cost + HL12
NEW Case Conference with Audiology Consultant	HL40	\$27.50	Must be initiated by WCB
NEW Report of Medical Opinion with Assessment	HL41	\$100.00	
NEW Report of Medical Opinion without Assessment	HL42	\$48.00	
NEW Chart copies	HL43	\$32.94	+ \$0.40 per additional page
NEW Shipping to worker	HL44		Receipt required over \$20.00

* Per contract, Manufacturer's invoice must be attached for goods and services purchased (as applicable)

Battery Codes			
Batteries – Right ear	HL23R		60 max per year
Batteries – Left ear	HL23L		60 max per year
Batteries size 10 – Right ear	HL23AR		100 max per year
Batteries size 10 – Left ear	HL23AL		100 max per year