

HMA Hearing Aid Bank Application Form

Surname: _____ Given Name: _____

Mr./Mrs./Miss./Ms. _____ Home Ph: _____

Work/Mobile: _____ E-mail: _____

Address: _____

I wish to apply to be fitted with one/two behind-the-ear hearing aid(s) from the Hearing Matters Australia Hearing Aid Bank.

The following documents are enclosed:

A copy of my Centrelink Health Care Card (Seniors Health Card not eligible) OR a copy of last year's Tax Assessment showing income under \$50K

A referral letter from a medical practitioner certifying the practitioner has examined me and found no reason why I should not be fitted with hearing aids

A copy of the recent audiogram within 6 months obtained from an audiologist

I am able to attend in the Sydney area on three occasions, once for a hearing test and twice for the fitting of the hearing aid

I fully understand that the services I receive under the Hearing Aid Bank scheme are limited to persons not eligible for the government funded Hearing Services Program (HSP), unable to pay for, or receive from other sources, this assistance.

In consideration of such services, I hereby release and discharge all persons rendering such services from all claims I might have, arising from the services so rendered.

I undertake to pay an application fee of \$45 upon lodgement of documents to Hearing Matters Australia and a further fee of \$320 for one hearing aid to be fitted, \$420 for two hearing aids to MQ Speech and Hearing Clinic (SHC). Additional services recommended by the audiologist may attract a further fee.

Signature of Applicant

Date of Application