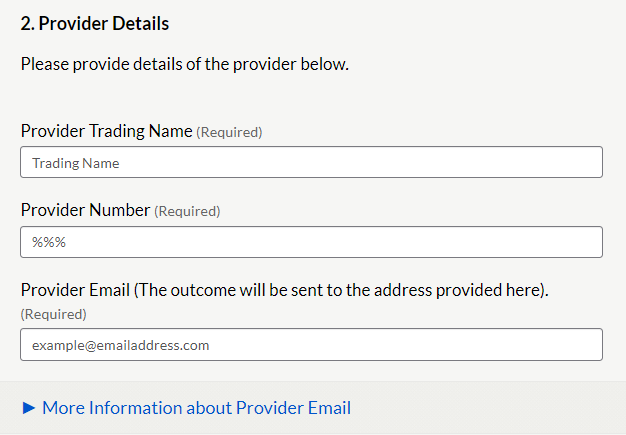
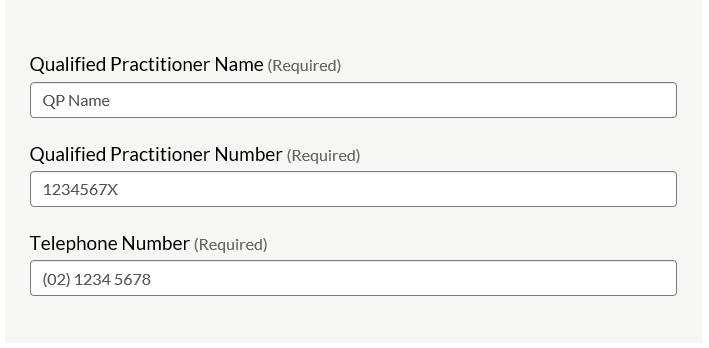
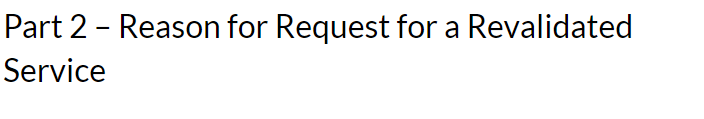


1. Client details fields including date of birth and voucher number. (Required) 
Expiry date of current voucher. (Required) 



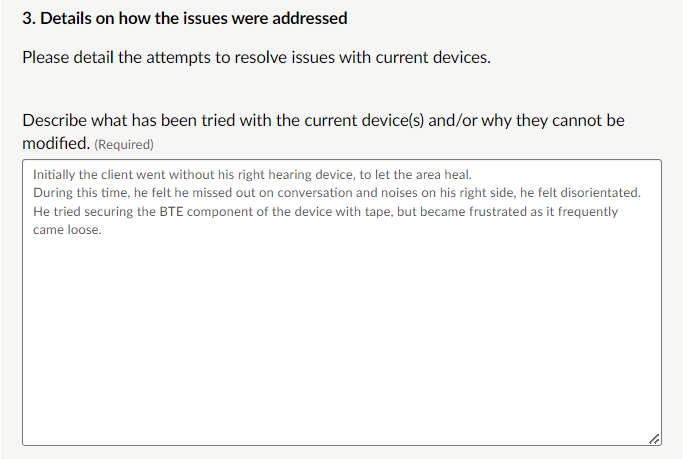


Required Information for Reason A - Reassessment
Audiogram results, recent and previous
Tympanometry results if bone conduction was not completed. 

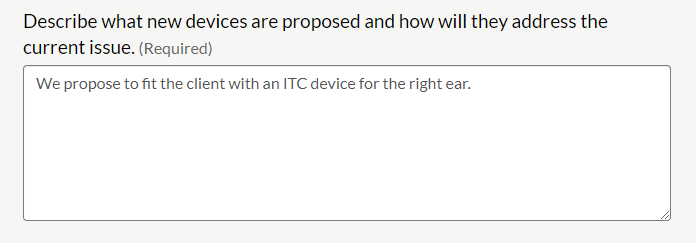
Required Information for Reason B - Refitting. 
Claim item number to be claimed
Supporting ECR 
Clinical Justification for the refit
Evidence to support the refit
Hyperlinks to Successful submission Examples

Please select the supporting Eligibility Criteria for Refitting  for requesting the Revalidated Service. 
List of radio buttons to select ECR 1-5
ECR 3 button selected. 
Drop down selection box. 
Select Claim item number. 

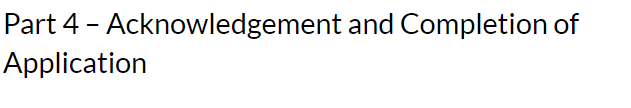

Part 3 - Supporting Evidence for Reason B ECR3 - Refitting
A change in physical condition of the ear or ear health since the last fitting.Part 1. Audiogram 
Please provide 3 Frequency Average Hearing loss (3FAHL ) 
Field for left ear and right ear.2. Details of the physical change of the ear or ear health. (Required). 
Response field.
If the client has had surgery provide date and details of the surgery. 
Does ECR apply to both ears? 
 



4. Details of Proposed solution.
 Hyperlink to current fully subsidised schedule.
Hyperlink to current partially subsidised schedule.
Enter proposed device codes for left and right ear. (Required). 
If the client has a monaural fitting please enter N/A in the relevant fields below. (Required). 



5. Doctor's Letter 
Tick box (ticked) I declare a doctor's letter has been obtained and includes the change in the physical condition of the ear or ear health. (Required). 
Name of Medical Practitioner -provide detail
Name of the Clinic or hospital -  provide detail

Please tick the following declarations
regarding: 
Retaining a copy of request on the client file.
Client meets MHLT requirements.
Client's hearing and health needs have changed significantly and request is urgent.
The request been discussed with the client or their POA. Has their consent been obtained? 
This request and supporting evidence are subject to compliance monitoring, including audit.
 Request content - true and correct, not contain false information. 

Completion of Application information. 
Once submitted you will not be able to make changes.

Almost done  - click 'Submit response' button.
Provide an email address to receive a receipt and a link to a PDF copy of your request.  
Email address details
example@emailaddress.com

Your Response has been submitted. 
Response ID example ANON-numbers and letters.
Please have this ID available if you need to contact us. 

Thank you for your submission.

Please allow 10 days for an outcome to your Request for Revalidated Service application. For enquiries regarding any application please contact the Program by email Hearing@Health.gov.au, include your response ID number, client name and voucher number. 