



Hearing Services Program – Device Quote

This quote is for hearing device/s provided through the Hearing Services Program. This quote outlines the relevant information including costs related to your recommended device/s.

Provider name

Provider contact number

Provider address

Issue date

DD / MM / YYYY

This quote is valid for

days.

Client full name

Voucher number

*Government subsidy amounts are included to indicate the value of the devices being fitted and maintained.

Description	Details	*Government subsidy	Cost to client (inc GST)
Left device		\$	\$
Right device		\$	\$
Maintenance co-payment		\$	\$
Replacement co-payment		\$	\$
Accessories (if required)		\$	\$
Other costs		NIL	\$
Less discounts	Provider discount	NIL	– \$
Total cost to client			\$

This device/s is a partially subsidised device provided at no cost and there may be a cost if a replacement is required ☐.

Returns policy

Warranty

Replacement devices

If you lose or damage your device/s beyond repair, for fully subsidised devices you may be asked to pay a client co-payment towards their replacement. The program sets the maximum replacement co-payment.

If you have partially subsidised devices, you will also be required to pay the difference between the government device/s subsidy and the provider's device/s cost.

Maintenance and repairs

You can choose to enter into an annual Maintenance Agreement that will cover you for the costs of maintenance, batteries and repairs for your device/s. The Australian Government subsidises program maintenance agreements, however you may be asked to pay a client co-payment and this amount may be indexed annually. The program sets the maximum maintenance co-payment for fully subsidised devices. Partially subsidised devices may incur a higher maintenance co-payment and additional repair costs.

Please note, if you do not agree to enter into a Maintenance Agreement, the full cost of batteries and any servicing (including repairs outside the warranty period), will be at your own expense.

Insurance

If you have private health insurance please check with your provider/private health insurance company about any rebates you may be entitled to. If you purchase partially subsidised device/s, you should consider insurance cover for your device/s.

Device supply disclosure statement

Client certification

I certify that:

- I received this quote prior to receiving the device/s from my provider.
- I may return the device/s within the specified period.
- I am entitled to fully subsidised device/s covered by the program or can choose to purchase partially subsidised device/s.
- my practitioner has explained my options and all associated device/s costs, returns policy, warranty period, maintenance, repairs and ongoing care.
- if I choose a partially subsidised device, the provider will receive a government subsidy and I will be responsible for any additional costs. DVA and the program will not cover additional costs.

This quote **does not** commit you to the purchase of hearing device/s.

Client name (please print)

Signature

Quote received date

DD / MM / YYYY