



## **Private Services and Devices Client Acknowledgement**

Provider name	Provider contact number
Provider address	
Qualified practitioner name	Qualified practitioner number
Client full name	Voucher number
Private devices and/or services	
This form is used for clients to acknowledge they are agreeing to	services that would be covered by the Hearing Services
Program, however, are not available on their current voucher. This for	
the Hearing Services Program.	
Please provide details of why this device and/or service is not covered by the Hearing Services Program	
Please provide details of private services and/or devices, including costs and any effect on future services	
<ul><li>Notes for purchasing private devices:</li><li>You may be required to pay for additional services such as the or</li></ul>	device fitting
<ul> <li>If the purchased device is not on the program's approved de</li> </ul>	-
maintenance or client reviews.	
<ul> <li>If you lose a privately purchased device, you will be liable for costs associated with replacing the same device. The program will only fund replacement of the last device subsidised under the program.</li> </ul>	
Client certification	
I certify that:	
<ul> <li>I have been informed about the fully subsidised services, including devices, available to me through the Australian Government Hearing Services Program.</li> <li>The provider has informed me this is a private device/service and is not available to me through the program. There is no</li> </ul>	
<ul> <li>I have been advised of the total cost for the private device/servi</li> </ul>	
<ul> <li>I have been provided a written quote for the devices (if devices</li> <li>I understand the purchase of this private service may affect future</li> </ul>	
<ul> <li>I have chosen to purchase the service as a private service from</li> </ul>	
Client name (please print)	
Signature	Date (DD/MM/YYYY)
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This completed form will be held on your client file. You can ask for a copy for your records.