



## Hearing Services Program Tax Invoice and Claim for Payment

Client full name

Voucher number

### Claim details

Qty	Item Number	Date of Service (DD/MM/YYYY)	QP Number	Site ID	Cost to Client (Add \$0 if no cost)	Item Benefit (excl GST)	GST Amount	Total Benefit (Incl GST)
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$
Total service/s item benefit								\$

**Fitting information** (only complete this section if claiming a fitting item above)

Ear	Device Code	Date of Fitting (DD/MM/YYYY)	Tier Category	Cost to Client (Add \$0 if no cost)	Item Benefit (excl GST)	GST Amount	Total Benefit (Incl GST)
Left				\$	\$	\$	\$
Right				\$	\$	\$	\$
Total device benefit							\$

### Total claim benefit

Total claim benefit = service item benefit + device benefit (if applicable)	\$
Total cost of the claim to the client	\$

### Other details

Most recent 3FAHL details (1-120dB)

Left (dB)

Right (dB)

For Item 960 - Date the client became aidable to one ear (DD/MM/YYYY)

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For Item 670 - Please advise the follow-up date (DD/MM/YYYY)

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### Certification by service provider

Service provider name

ABN number

Are you income tax exempt? Yes ☐ No ☐

Are you GST registered? Yes ☐ No ☐

**I certify that** the information provided above is true and correct and the services were provided in accordance with the *Hearing Services Administration Act 1997*, the *Hearing Services Program (Voucher) Instrument 2019*, the Service Provider Contract and Schedule of Service Items and Fees.

**I understand that** providing false information to the Commonwealth is a criminal offence.

**I certify** the above QP number is the number of the practitioner or supervising practitioner, and is a member of a recognised practitioner professional body in an approved membership category, who delivered or supervised the service being claimed.

Full name (claim submitted by)

Signature

Invoice issue date (DD/MM/YYYY)

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