

Hearing — Exceptional Circumstance Form

The veteran is eligible if:

- the hearing loss or tinnitus has been accepted as a service-related condition by Veterans' Affairs.

Complete this form if the veteran requires:

- hearing aid/s over the scheduled amount set out in the Veterans' Affairs schedule of fees (2023)
- an accessory that is not a charger or electronic drying machine to meet their hearing needs
- a new hearing aid/s earlier than their 6 year entitlement
- a major repair over \$345 including GST (outside of manufacturers warranty).

What is the process

- As the treating Audiologist, you should complete a hearing needs assessment with the veteran. This will identify if the veteran's needs can be met by the schedule.
- If the scheduled amount doesn't meet that need, please complete this form (questions 1–10) and send it to the veteran's Case Manager.
- Veterans' Affairs will review the request internally and advise of the outcome.

Any questions?

- Call us:
 - New Zealand freephone 0800 483 8372
 - Australia freephone 1800 483 837
 - Rest of the world +64 4 495 2070
- Email us at veterans@nzdf.mil.nz
- Visit our website www.veteransaffairs.mil.nz

Claimant details

1 Veteran's full name

First name:

Last name:

2 Veteran's date of birth?

 / / (DD/MM/YYYY)

3 Veteran's NHI number?

Recommendation Details

4 What circumstance are you making this recommendation for?

- Over schedule aids (over \$2,415 including GST per aid)
- Accessory (not including charger or electronic drying machine as these are included in the schedule)
- Early replacement aids (within 6 years of previous Veterans' Affairs funding)
- Major repair over \$345 including GST (outside of manufacturers warranty)

5 What are the veteran's hearing related goals?

6 Please outline the details of your recommendation?

7 What is the clinical reason for the recommendation?

8 What is the cost of the recommendation (including GST) ?

Audiologist to confirm

9 Privacy and Consent:

- I confirm that the information provided in this form is true and complete.
- I am aware there are penalties for providing false information as set out in the information sheet.

I have spoken with the veteran and can confirm that **the veteran:**

- Acknowledges that as part of processing this application, Veterans' Affairs may obtain further information in addition to what they have provided.
- Has consented to the release and collection of health, clinical or other information to Veterans' Affairs held by any health practitioner, hospital, clinic, insurance company, Accident Compensation Commission, Ministry of Social Development, Department of Internal Affairs or other persons or agencies for the purpose of assessing and processing this application and administering any resulting entitlement or assistance.
- Has read and understands the privacy statement. The full statement is available on our website: www.va.mil.nz/privacy

10 Audiologist Information

Name:

Email:

Clinic details:

NZAS registration number:

Signature:

Please ensure you attach supporting documents:

- Current audiogram
- Quote for aid/s or accessory recommendation
- Any additional medical information to support this request.