



PLEASE NOTE: If you are unable to complete this form electronically and submit via email, please print a copy, complete the form and return to the Service Provider clinic.

Client Full Name: _____

Voucher number (please copy & paste from email): _____

Service Provider: Hearing Professionals Australia Pty Ltd **Contact Number: 03 9499 4094**

Maintaining your hearing device and buying batteries can be costly. A Maintenance Agreement is an easy and cost effective way to help you take care of your hearing device. If you would like your device maintained through the Australian Government Hearing Services Program (the program), you can choose to enter into an annual Maintenance Agreement with your Service Provider, and you can choose to renew your Maintenance Agreement each year.

With a Maintenance Agreement, the program will subsidise maintenance and repair costs for your device/s and you can be asked to pay a client contribution. Your service provider will supply you with batteries, maintenance services and repairs for your hearing device for 12 months. If you renew your Maintenance Agreement, the client contribution may be indexed annually. Accessories are not covered by the Maintenance Agreement.

For **Fully Subsidised Devices** the annual maintenance fee is a standard contribution which is set out by the program and indexed annually. The standard fee is the maximum you can be charged annually.

For **Partially Subsidised Devices** the annual maintenance fee can be more than the standard fee set for a fully subsidised device.

Department of Veterans’ Affairs (DVA) Gold or White (specific for hearing loss) card holders who have a current voucher are exempt from paying the client contribution. You must still agree to enter into a Maintenance Agreement for DVA to cover these costs. DVA will not cover any maintenance costs above the standard fee set by the program.

Further information about maintenance agreements is available from your provider or on the program website at www.hearingservices.gov.au

Client Contribution: Your contribution for this Agreement is \$0.00

Your provider must complete the information above. You should not sign a Maintenance Agreement form that is blank or incomplete. If you have any queries about the Maintenance Agreement, including when it will commence, please contact your provider on the number specified above.

Certification By Client (please tick):

I _____, have chosen to enter into a 12 month Maintenance Agreement. I understand that the information provided on this form is required for the delivery of maintenance services under the Hearing Services Administration Act 1997.

Signature _____ **Date** _____