

Replacement Speech Processor Application

Information for Providers

Medibank requires the details set out in this form in order to assess eligibility for payment of benefits towards supply of a replacement speech processor.

Please arrange for this form to be completed and delivered to us along with the invoice for the replacement speech processor, either by:

- visiting a Medibank Retail Centre; or
- post to:
Medibank
Hospital Claims
GPO Box 9999
Melbourne VIC 3001

Medibank Policy

Whilst there is **no inpatient episode related to this claim**, Medibank will pay a benefit towards a replacement speech processor if all of the following conditions are met:

- the member's current processor is more than three years old (measured since the date it was fitted) and is no longer covered under warranty;
- a processor is medically necessary;
- the member satisfies any eligibility requirements under the Medibank policy relevant to the claim; and
- the processor is listed on the Department of Health's Protheses List as at the date of service.

Note: all speech processors have a warranty period of 3 years from the date of fitting, provided this date is no more than 3 months from the date of shipping.

Section 1: Patient Details

Patient Name: _____ Membership Number: _____

Section 2: Provider Details

Provider Name: _____ Provider Number: _____

Address: _____

Contact Name: _____ Contact Number: _____

Section 3: Sound Processor Details*

Bilateral

Current Model: _____ Current Serial Number: **Left** _____ **Right** _____

Protheses Code: _____ Date of Fitting: / / Warranty Period: / /

Replacement Model: _____ Replacement Serial Number: **Left** _____ **Right** _____

Protheses Code: _____ Date of Fitting: / / Warranty Period: / /

* As recorded in the Recipient and Equipment Management database or equivalent