Manitoba
Health, Seniors and Active Living

K

HEARING AID CLAIM FORM

SUPPLIER

NAME	SUPPLIER NO.
	A
ADDRESS	

PATIENT – Please ensure MH Reg No. & PHIN both correspond to patient indicated

SURNAME	GIVEN NAME	DATE OF BIRTH
		Y Y Y Y M M D D
MH. REG. NO.	PHIN	DELIVERY DATE
		Y Y Y Y M M D D
NAME OF PARENT/GUARDIAN	PATIENT'S ADDRESS	

HEALTH PROFESSIONALS

OTOLOGIST/AUDIOLOGIST NAME	LICENSE NUMBER

SERVICE DATA

		CODE	AMOUNT CHARGED
HEARING AID			
	RIGHT	P200	
	LEFT	P201	
DISPENSING FEE			
	MONAURAL	P202	
	BINAURAL	P203	
EAR IMPRESSION			
	RIGHT	P204	
	LEFT	P205	
EAR MOLD			
	RIGHT	P206	
	LEFT	P207	
TESTS	AIR & BONE CONDUCTION AUDIOMETRY	P208	
	SPEECH AUDIOMETRY (includes Air & Bone)	P209	
	IMPEDANCE AUDIOMETRY	P210	
HEARING AID SELECTION		P211	
HEARING AID ORIENTATION (Instructions on Use & Maintenance)		P212	
FOLLOW-UP VISITS (Within 90days)		P213	
TESTS/OTHER ACCEPTABLE PROCEDURES CARRIED OUT WHERE EQUIPMENT AVAILABLE	VALIDATION TESTING	P214	
	ELECTRO-ACOUSTIC TEST	P215	

Manitoba Health, Healthy Living will pay 80% of the approved charges in excess of a $75.00 deductible.

TOTAL CHARGE

SIGNATURES

OTOLOGIST/AUDIOLOGIST	PATIENT/PARENT/GUARDIAN SIGNATURE

A COPY OF THE SUPPLIER'S INVOICE MUST BE INCLUDED WITH EACH HEARING AID CLAIM FORM