



# Audiology Prior Financial Authorisation Request

**Privacy notice** – Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants. Please ensure you read and understand this privacy notice.

Go to <https://www.dva.gov.au/about/accessing-information/what-can-i-access/personal-information-access>, for more information about how DVA manages personal information

**Important information** – Prior Financial Authorisation is required for all implantable, tinnitus, hearing devices and other non-standard requests for items and services not available through the Australian Government Hearing Services Program or the Medical Benefits Scheme (MBS).

**Do not provide the service until a funding decision is received.**

The provider is responsible for ensuring that the entitled person is aware that their personal information is to be forwarded to DVA for determining and/or providing the benefits under relevant legislation. The information will be treated in a confidential manner. However, it may be used for clinical review, audit or management purposes or disclosed to the client's treating team of clinicians.

It is recommended that you complete this form with the entitled person, to ensure they complete the declaration on page 7.

When completing this form, you must attach:

- a copy of the referral (except for hearing devices);
- a clinical report, including audiogram and clinical goals, describing why you believe this is an exceptional clinical case; and
- any other relevant evidence to support the request.

**Incomplete forms and forms without these attachments will not be reviewed by DVA.**

For further information and support to complete this form, or if the request is URGENT, please contact the Provider Hotline on **1800 550 457** (option 3, option 1).

**Do not complete this form if this request is:**

- part of a compensation claim. Proceed as detailed with Transaction Reference Number (TRN) advice notice which can be provided by the entitled person.
- for a standard assistive listening device or tinnitus device. These devices are provided through the DVA Rehabilitation Appliances Program. Use Form D9376 instead.

**Returning this form** – You can print, scan and return this form, along with the referral and clinical report, by email to [health.approval@dva.gov.au](mailto:health.approval@dva.gov.au)

**Proposed date of service**

## Entitled person's details

**1. DVA File number**

**2. Surname**

**3. Given name(s)**

**4. Email address**

☐ I have confirmed with the entitled person that they would like to receive the outcome of the request via the email address provided above.

**5. Card type**

Gold ☐ White ☐

**6. Condition being treated**

Hearing loss ☐

Tinnitus ☐

Other ☐ ► Please provide details

## Request details

### 7. Type of funding request

- ☐ Implantable (e.g. cochlear / bone-anchored assessments, processors, rehabilitation, accessories)
- ☐ Tinnitus related service (e.g. assessment, devices, rehabilitation, accessories)
- ☐ Hearing devices (e.g. hearing aids, accessories, non-standard Assistive Listening Devices)
- ☐ Other (e.g. non-MBS, Wax Removal, Vestibular audiology testing)

## Servicing Provider's details

### 8. Practitioner type

- ☐ Audiologist ☐ Audiometrist

**Note:** Audiometrists may only request funding for hearing devices and accessories.

### 9. Practitioner name

### 10. Practitioner Medicare number

(if provisional, please use supervisor's practitioner number)

### 11. Clinic name and address

Postcode

### 12. Telephone number

(including area code if applicable)

### 13. Email address

## Referring Provider's details

### 14. Referring provider type

- ☐ Ear Nose and Throat (ENT) specialist  
**Note:** Audiologists generally require a referral from an ENT for implant assessments, processors, switch on and rehabilitation, and certain non-MBS items such as tinnitus services or vestibular audiology.

- ☐ GP

- ☐ Allied Health Provider e.g. psychologist, OT, other audiologist (please describe)

- ☐ Other/Not applicable (please describe)

### 15. Name of referring provider

(if same as Servicing Provider, write 'as above')

### 16. Provider number of referring provider (if applicable)

### 17. Telephone number

(including area code if applicable)

### 18. Email address (if available)

## Details of treatment/service and clinical justification

19. Is this request **ONLY** for hearing devices?

No ☐ ► *Continue to next question*

Yes ☐ ► **Go to Hearing device requests on the next page**

20. Is this request for tinnitus related services?

No ☐ ► **Go to question 21**

Yes ☐ ► **Have you received a medical referral to assess and/or treat tinnitus for the eligible person** (e.g. from a GP or ENT specialist)?

No ☐ ► **Stop completing this form and resubmit once you have received a medical referral**

Yes ☐ ► *Continue to next question*

21. **Clinical reason(s) for request**

Attach relevant clinical information as required

22. **Item number/treatment/service/accessory** (if applicable)

Item number/treatment/service/accessory	Cost
	\$
	\$
	\$
	\$
	\$

23. Are you requesting hearing devices?

No ☐ ► **Go to Declaration**

Yes ☐ ► *Continue to next question*

## Hearing device requests

There are many types of fully subsidised hearing devices available through the Australian Government Hearing Services Program (HSP) at <https://www.health.gov.au/our-work/hearing-services-program>. Most DVA clients do well with hearing devices through the HSP.

DVA can consider funding for hearing devices outside of the HSP in exceptional circumstances, such as when a clinically appropriate device cannot be supplied through the HSP.

**24. Is the entitled person eligible to access specialist hearing services via Community Service Obligation (CSO) at Hearing Australia?**

These services include access to a greater range of fully funded hearing devices with more features and more services and supports. When the entitled person's health and/or personal circumstances and wellbeing are significantly affected by hearing loss, please consider referring to specialist hearing services at Hearing Australia. Further information can be found at <https://www.health.gov.au/our-work/hearing-services-program/accessing/eligibility>

- No ☐ does not meet CSO criteria – *Continue to next question*
- Yes ☐ currently accessing CSO – **Stop completing this form and review what can be provided under CSO funding.**
- Yes ☐ however are unable or have chosen not to receive CSO services  
Please explain the reason(s) why *then continue to next question*

**25. Proposed hearing device details**

Hearing device	Cost after HSP subsidy
	\$
	\$

**26. Has the entitled person used hearing aids and/or ALDs previously?**

- No ☐ *Continue to next question*
- Yes ☐ Please provide date of fitting, device name and code(s) of the most recent device(s). Please also state if the entitled person is eligible for a HSP refit under the eligibility criteria refit (ECR Hearing Services Program service and device requirements | Australian Government Department of Health and Aged Care <https://www.health.gov.au/our-work/hearing-services-program/providing-services/service-device-requirements#eligibility-for-refitting>), if applicable.

Date of previous fitting	Device name	Device code	Are they eligible for a HSP refit? If No, please explain

**27. Has DVA previously funded hearing devices through the Prior Financial Authorisation process for the entitled person?**

- Unknown ☐
- No ☐
- Yes ☐ Please explain below how the requested device is equivalent in technology to the existing device

**28. Does the entitled person have any of the following condition(s) that affect independent management of the devices?**

Tick any that apply and provide further details in the box below.

- ☐ Significantly impaired manual dexterity of the hands or fingers
- ☐ Significantly impaired vision
- ☐ Significant cognitive condition
- ☐ No significant condition that affects independent management  
*Continue to next question*

**29. Does the entitled person have any of the following conditions that affect the hearing needs and/or choice of device?**

Tick any that apply and provide further evidence why it affects the choice of device (most recent audiogram, audiology report).

- ☐ Severe or greater hearing loss on audiogram
- ☐ Non-routine hearing loss (e.g. fluctuating, precipitous, sudden, mixed)
- ☐ Barotrauma
- ☐ Poor speech discrimination
- ☐ Troublesome tinnitus
- ☐ Severe Hyperacusis
- ☐ Physical condition/shape of ear
- ☐ Chronic ear infections
- ☐ Significant mental health condition
- ☐ Other - please specify

**30. What is the main reason(s) for requesting a device that is not fully subsidised by the HSP?**

Tick any that apply.

- ☐ Vocational
- ☐ Occupational
- ☐ Educational
- ☐ Recreational
- ☐ Client requested
- ☐ Other - please specify

**31. Which of the following best describe the entitled person's work (paid or volunteer), education or training circumstances?**

Tick any that apply and provide further evidence why it affects the choice of device (audiology report, clinical goals).

- ☐ Not applicable
- ☐ Frontline Health / Emergency Services (e.g. ER doctor, paramedic, nurse, firefighter, police)
- ☐ Security / Enforcement Services (e.g. security officer, jail warden)
- ☐ Lectures / Interviews and cannot use ALDs (e.g. teacher, professor, student)
- ☐ Classified / Secure work environments
- ☐ Complex / Dynamic acoustic environments and cannot use ALDs
- ☐ Other - please specify

**32. Does the entitled person have specific social or communication requirements, critical to their health and wellbeing, that mean the choice of hearing device or ALD cannot be met under the HSP and/or the Rehabilitation Appliances Program?**

No ☐ ► *Continue to next question*

Yes ☐ ► Please describe these activities and provide clinical goals and audiology report that explains why it affects the choice of device.

**33. Does the entitled person have any other exceptional circumstances that affect the choice of device?**

No ☐ ► *Continue to next question*

Yes ☐ ► Please explain

**Note:** DVA can only fund devices to meet a requirement that is not covered by HSP devices. Given the wide range of fully subsidised technologies available in HSP devices, circumstances must be exceptional to meet this question.


## Declaration

### 34. Provider's declaration

#### I declare that:

- I am the hearing practitioner named in this request and the information I have provided is true and correct to the best of my knowledge
- I understand that DVA is legislatively required to ensure the services they fund are safe, effective, evidence-based and represent value for money, and I acknowledge that DVA may decide that this request does not meet these requirements
- I understand that DVA expects funded treatment to meet minimum clinical best practice standards as set out in relevant guidelines, regulation and Legislation,
- I understand that DVA may request information that demonstrates compliance with the above
- I am qualified to provide the service I am requesting, and if I am a provisional practitioner my supervisor has reviewed this request, and
- I have attached:
  - ☐ a referral specific to the requested service (except for hearing devices)
  - ☐ clinical report, and
  - ☐ other relevant information required to support this request.

#### Provider's signature



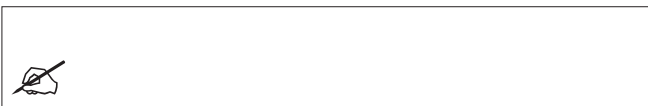
Date

### 35. Entitled person's declaration

#### I declare that:

- I consent to the disclosure of the personal information contained in this form to the Department of Veterans Affairs for the purposes outlined in the Privacy collection notice (Hearing Services Survey) available at <https://www.dva.gov.au/sites/default/files/2024-08/privacy-collection-notice-hearing-services-survey.docx>

#### Entitled person's signature



Date

Please send completed form, referral and clinical report to [health.approval@dva.gov.au](mailto:health.approval@dva.gov.au)

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