

Complete this form to let us know when a patient needs ongoing hearing aid services after their initial hearing aid fitting and completing their first year in the program.

The ongoing services bundle starts when the patient attends their first maintenance visit **after** the first year of the program (initial bundle).

A hearing health care provider must complete this form and have it signed by their patient in-person.

You must provide each patient with the following minimum set of services during each visit to ensure the hearing aid is functioning properly:

- Physical inspection of the hearing aid (including receiver), minor repairs and parts replacement
- Cleaning and maintenance of the device
- Physical ear check

Regardless of how many times a patient visits a clinic, please only complete this form at the first visit and then at the 180-day mark (around six months) if they attend again.

Log in at wsib.ca/submit to submit the completed form with supporting documents.

For more information on our hearing services program, visit wsib.ca/hearingservicesprogram.

Visit wsib.ca/submit to submit this form and supporting documents.

A. Patient information			
Last name	First name	Initial	Date of birth (dd/mmm/yyyy)
<input type="checkbox"/> Patient is retired <input type="checkbox"/> Patient is employed	Job title (if patient is employed)		

B. Health care provider information				
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Hearing instrument specialist			
Registration/license number (College of Audiologists and Speech Language Pathologists of Ontario/Association of Hearing Instrument Practitioners of Ontario)				
Health care provider name			Clinic name	
Clinic address (number, street, apartment)				
City or town	Province	Postal code	Telephone	WSIB provider ID

C. Ongoing service bundle		
Date of first service visit	Type of hearing aid(s)	Serial number(s)
Mandatory services delivered:		
Physical inspection of the hearing aid (including receiver), minor repairs and parts replacement		
<input type="checkbox"/> Cleaning and maintenance of the device	<input type="checkbox"/> Physical ear check	
Service delivered:		
<input type="checkbox"/> Hearing test <input type="checkbox"/> Verification using real ear measurements <input type="checkbox"/> Electroacoustic analysis <input type="checkbox"/> Programming <input type="checkbox"/> Other office visit services	<input type="checkbox"/> Cerumen management <input type="checkbox"/> Impressions for custom mold/tips etc. <input type="checkbox"/> Manufacturer's repairs and remarks	
Comments		

D. Hearing health care provider signature		
Name	Signature	Date (dd/mmm/yyyy)

E. Patient declaration and signature		
I received all the services as described above in section C and I am satisfied.		
Name	Signature	Date (dd/mmm/yyyy)

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.