

Department of Labor and Industries  
Hearing Loss Unit  
PO Box 44291  
Olympia WA 98504-4291  
Fax: 360-902-6252



# Hearing Aid Replacement Form

If the manufacturer's invoice of any hearing aid, including add-ons, exceeds \$900 per ear, you need to contact the claim manager for prior authorization. Standard ear molds are excluded from the \$900 limit.

## 1. Worker information

Worker name \_\_\_\_\_

Claim number \_\_\_\_\_

## 2. Provider information

Business name \_\_\_\_\_

Contact name \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

## 3. Current hearing aids

Left Ear \_\_\_\_\_  Right Ear \_\_\_\_\_  
Hearing aid serial number Hearing aid serial number

Condition of current hearing aid(s):

## 4. Replacement hearing aid(s)

Billing codes

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Addition information about replacement hearing aid(s):