

# Replacement Sound 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 sound processor.

Please arrange for this form to be completed and delivered to us along with the invoice for the replacement sound 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 sound processor if all of the following conditions are met:

- the member's current processor is more than two 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.

## 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