Yukon Workers' Compensation Health and Safety Board

SERVICE PROVIDER REPORT (Hearing Claims)

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Website:** www.wcb.yk.ca

A - PAYMENT INFORMATION

Date *(d/m/y)*	Date of Fitting *(d/m/y) (will be considered the anniversary date for replacement)*	
Clinic Address	Clinic Telephone #	Clinic Fax #
	Clinician Name	

B - WORKER INFORMATION

Name	Date of Birth	Claim Number

C - SERVICE DETAILS

Type of Service	Date of Service *(d/m/y)*	Description	R	L	Total Cost
Hearing assessment		$75 once every four years	–	–	
Hearing assessment		$45 once every year	–	–	
H. Aid fitting fee		$475 per aid once every four years	☐	☐	
H. Aid post fitting *(enclose print out of verification measures)*		$75 once every four years	☐	☐	
H. Aid re-adjustment		$25 once a year	☐	☐	
H. Aid performance		$25 once a year	☐	☐	
H. Aid return fee		$50 per aid	☐	☐	
Assistive listening device fitting fee		$100 once a year	–	–	
In house repair		$20 three times per year/per aid	☐	☐	
Out of office repair		$75 per aid once a year	☐	☐	
Ear impressions		$30 per ear once a year	☐	☐	

Attach manufacturer's invoice for reimbursement for hearing aids and assistive listening devices

Product		R	L	Manufacturer Cost	Total Cost
Hearing aid(s)		☐	☐		
Manufacturer repair		☐	☐		
Ear molds		☐	☐		
Infrared TV system		☐			
FM system		☐			
Telephone		☐			
Other		☐			
				Total Cost: $	

D - SERVICE PROVIDER

Comments _____

_____

_____

I hereby certify that I have rendered the above goods and/or services to the client named above.

Signature of Clinician _____