

Cochlear speech processor replacement



Please ask your GP or Specialist to complete this form if you've received a cochlear speech processor replacement outside of a hospital. To check your eligibility for this benefit before completing the form please call us on 134 246.

1 Patient's details Please use black pen and print in UPPERCASE

Member number	Title	First names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname			Date of birth
<input type="text"/>			<input type="text"/>

2 GP/Specialist details

GP/Specialist's name			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone	Mobile phone	Prostheses List Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3 Declaration by GP/Specialist

I confirm that the provision of this cochlear speech processor replacement is medically necessary, that the prosthesis is included on the Department of Health and Ageing Prosthesis List as at the date of service and that the processor being replaced is not within warranty.

GP/Specialist signature	Date: / /
<input type="text"/>	<input type="text"/>

4 Declaration by Member/Guardian

I declare that the information on this form is true and correct. I authorise ahm to check any of these services with the relevant prosthesis supplier or medical practitioner and if benefits have already been paid by previous health insurers. I acknowledge that ahm may use the information on this claim to assess and process this claim, or for purposes related to this claim as outlined in the ahm Privacy Policy. I confirm that the services submitted on this claim form were performed by the providers, and received by the persons named on this form. I authorise ahm to contact the prosthesis supplier or medical practitioner in relation to the payment of the speech processor replacement invoice if required.

Member/Guardian signature	Date: / /
<input type="text"/>	<input type="text"/>

Submitting your form

Email this form with a copy of your receipt to info@ahm.com.au with your with your **ahm member number** and **'Speech processor'** in the email subject.

You can also post to ahm health insurance Locked Bag 4, Wetherill Park NSW 2164.