Cochlear speech processor replacement

ahm health insurance

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

Surname | Date of birth (D D M M Y Y)

2 GP/Specialist details

GP/Specialist's name

Address

Suburb | State | Postcode

Phone | Mobile phone | Prostheses List Code

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 & Ageing Prosthesis List as at the date of service and that the pump being replaced is not within warranty.

GP/Specialist signature

Date: / /

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: / /

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.

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