WSIB Ontario | wsib.ca

Complete this form to let us know the final hearing aid selected (if different from the initial hearing aid dispensed) during the 30 to 90-day trial period for their initial hearing aid.

The assessing hearing health care provider must complete this form and have it signed by their patient. The patient must sign in person.

Log in at wsib.ca/submit to submit the completed form with supporting documents.

For clinical-exception level hearing aids, see our clinical exception guidelines at wsib.ca/clinical-exceptions.

For more information on our hearing services program, visit wsib.ca/hearingservicesprogram.

WSIB Ontario

Hearing aid selection change form

Claim number

Visit wsib.ca/submit to submit this form and supporting documents.

A. Patient information			
Last name	First name	Initial	Date of birth (dd/mmm/yyyy)
☐ Patient is retired ☐ Patient is employed	Job title (if patient is employed)		

B. Health care provider information				
☐ Audiologist ☐ Hearing instrument specialist				
Registration number	Health care provider name	Clinic name		
Clinic address (number, street, apartment)				
City or town	Province	Postal code	Telephone	WSIB provider ID

C. Hearing aid(s) returned to manufacturer
Manufacturer:
Model:
Serial number(s):
Price:
WSIB product code:
Date hearing aid(s) were returned to the manufacturer for credit:

D. New hearing aid(s) selected
Manufacturer:
Model:
Serial number(s):
Price:
WSIB product code:
Date selection change hearing aid(s) were ordered from the manufacturer:
Dispense date:
Important note: please submit the manufacturer's invoice for the new hearing aid selection, if you have not done so already.

E. Hearing health care provider signature		
Name	Signature	Date (dd/mmm/yyyy)

F. Patient declaration and signature		
I received the change in hearing aid(s) as described in section D above.		
Name	Signature	Date (dd/mmm/yyyy)

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.