WSIB Ontario | wsib.ca

The form must be submitted when a patient is approved for replacement hearing aids due to a **new prescription** after completing their first year of hearing bundled services (initial bundle).

A hearing health care provider must complete this form with their patient at the end of the trial period (within 30-90 days) when the patient has made their final hearing aid selection. The patient must sign in person.

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

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

Note: We must pre-approve the replacement before you submit this form. Follow the replacement guidelines and clinical exception guidelines on our website for pre-approval.

For a replacement of lost, stolen or damaged hearing device, complete the Hearing aid replacement and/or clinical exceptions

WSIB Ontario

Hearing services mini bundle - Outcome report

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/license number (College of Audiologists and Speech Language Pathologists of Ontario/Association of Hearing Instrument Practitioners of Ontario)				
Health care provider name	Clinic name			
Clinic address (number, street, apartment)				
City or town	Province	Postal code	Telephone	WSIB provider ID

C. Outcome report (to be completed when there is a new prescription for replacement hearing aid(s) after the first year)	
Date of service	Date of dispensing/fitting

D. Validation and hearing aid outcome questionnaire - minimum 30 to maximum 90 days post-fitting	
Completed by patient? ☐ Yes, see details below ☐ No, please provide explanation	
Patient to complete this hearing aid outcome questionnaire, within 30 to 90 days post-fitting	
The following statements describe your ability to use the hearing aids. Range: 5 (strongly agree), 4 (agree), 3 (undecided), 2 (disagree), 1 (strongly disagree) or n/a	**Score**
1. I can insert the batteries into my hearing aids.	
2. I can tell the right hearing aid from the left hearing aid.	
3. I can insert the hearing aids into my ears.	
4. I can operate all of the controls on my hearing aids (buttons, switches).	
5. I can operate the remote control or other accessories for my hearing aids.	
6. I can clean and care for my hearing aids.	
7. I am getting used to the sound quality of my hearing aids.	
8. I am getting used to the feeling of the hearing aids in my ears.	
9. I am getting used to the sound of my own voice when I wear my hearing aids.	
10. I can understand a conversation in a quiet place when I wear my hearing aids.	
11. I can understand a conversation in a noisy place when I wear my hearing aids.	
12. I can hear the television when I am wearing my hearing aids.	

WSIB Ontario | wsib.ca

Claim number

D. Validation and hearing aid outcome questionnaire - minimum 30 to maximum 90 days post-fitting (continued)	
13. I can understand conversation on the telephone when I wear my hearing aids.	
14. Overall, I am satisfied with my hearing aids.	
15. Is there another situation you would like to describe related to the use of your hearing aids? (Describe)	

E. Hearing device selection

Important note: please submit the manufacturer's invoice for the new hearing aid, if you have not done so already.

Manufacturer	Model	Type	Serial number(s)
Date of dispense of final hearing aid selected (dd/mmm/yyyy)		☐ Right ☐ Left ☐ Both ears	

F. Hearing health care provider signature

Name	Signature	Date (dd/mmm/yyyy)

G. Patient declaration and signature

I received all the services as described above and I am satisfied.

Name	Signature	Date (dd/mmm/yyyy)