Hearing Services Program Device Quote

**Issue Date**

**Client Full Name Voucher Number-Issue Date**

This quote outlines the relevant information including costs related to recommended device/s and **does not** commit you to the purchase of hearing device/s. This quote is valid for \_\_\_\_\_\_\_\_\_\_ days.

**\* Government Subsidy amounts are included to indicate the value of the devices being fitted & maintained.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Details** | **\*Government Subsidy** | **Cost to Client (inc GST)** |
| Left Device | Insert Style, Model, Category and Device Code | $ | NIL |
| Right Device | Insert Style, Model, Category and Device Code | $ | NIL |
| Maintenance co-payment | NIL cost to client if DVA Gold/White card | $ | $ |
| Replacement co-payment | NIL cost to client if Exempt or DVA Gold/White card | $ | $ |
| Accessories (if required) | Insert accessory details (program subsidised or privately paid) | $ | $ |
| Other costs | Provider insurance premium, extended warranty etc. | NIL | $ |
| Less Discounts | Provider discount | NIL | $ - |
| **TOTAL COST TO CLIENT** | | | **$** |

**Fully Subsidised Device Quote**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Details** | **\*Government Subsidy** | **Cost to Client (inc GST)** |
| Left Device | Insert Style, Model, Category and Device Code | $ | $ |
| Right Device | Insert Style, Model, Category and Device Code | $ | $ |
| Maintenance co-payment | DVA Gold/White card pay amount above subsidy | $ | $ |
| Replacement co-payment | NIL cost to client if Exempt or DVA Gold/White card | $ | $ |
| Accessories (if required) | Insert accessory details (program subsidised or privately paid) | $ | $ |
| Other costs | Provider insurance premium, extended warranty etc. | NIL | $ |
| Less Discounts | Provider discount | NIL | $ - |
| **TOTAL COST TO CLIENT** | | | **$** |

**Partially Subsidised Device Quote**

**RETURNS POLICY**

[Provider to insert details]

## Warranty

[Provider to insert details]

## REplacement Devices

If you lose or damage your device/s beyond repair, you may be asked to pay a client co-payment towards their replacement. The program sets the maximum replacement co-payment.

If you have partially subsidised devices, you will also be required to pay the difference between the government device/s subsidy and the provider’s device/s cost.

## MAINTENANCE AND Repairs

You can choose to enter into an annual Maintenance Agreement that will cover you for the costs of maintenance, batteries and repairs for your device/s. The Australian Government subsidises program maintenance agreements, however you may be asked to pay a client co-payment and this amount may be indexed annually. The program sets the maximum maintenance co-payment for fully subsidised devices. Partially subsidised devices may incur a higher maintenance co-payment and additional repair costs.

Please note, if you do not agree to enter into a Maintenance Agreement, the full cost of batteries and any servicing (including repairs outside the warranty period), will be at your own expense.

[Provider to insert details for any additional repair costs for partially subsidised devices]

## INSURANCE

If you have private health insurance please check with your provider/private health insurance company about any rebates you may be entitled to. If you purchase device/s, you should consider insurance cover for your device/s.

[Provider to insert insurance details if offered]

## DEVICE SUPPLY DISCLOSURE STatEMENT (Optional)

[Provider to insert details]

## CLIENT Certification

I confirm that

* I received this quote prior to receiving the device/s from my provider.
* I understand I am entitled to fully subsidised device/s covered by the program or can choose to purchase partially subsidised device/s.
* I have been offered a fully subsidised device.
* My practitioner has explained the options and all associated device/s costs, returns policy, warranty period, maintenance, repairs and ongoing care.

**Eligible Department of Veterans’ Affairs Clients**– I understand that the decision to purchase partially subsidised hearing device/s is optional. I understand that the provider will receive a government subsidy and I will be responsible for any additional costs. DVA and the program will not cover additional costs.

**Client Name (please print) Signature Date**

**DQ0320**