+xsddddefd

4154 4002
admin@bundaberghearingaids.net.au 7
Takalvan Street, Bundy West
Bundaberghearingaids.net.au
ABN 31 127 403 333
Reports and results out are password protected

BUNDABERG HEARING AIDS AND TINNITUS TREATMENT CLINIC GP REFERRAL PAD

PLEASE BE SO KIND AS TO USE THIS REFERRAL FORM WHICH KEEPS US MEDICARE COMPLIANT. A GP LETTER GENERALLY IS OF INSUFFICENT DETAIL AS AUDIOLOGISTS ARE UNABLE TO SELECT THEIR OWN TESTS UNDER MEDICARE RULES.. MANY THANKS FOR YOUR KIND ASSISTANCE.

MOST SERVICES ARE NOW BULK BILLED WITH THIS REFERRAL PAD . Marked Services are not Bulk Billed and have no Medicare Rebate generally. Restrictioins apply to some services like OAE's. Medicare or Hearing Service Program guidelines for Bulk Billing and Subsidised Services for eligible Pensioners and Veterans will apply. Tests may be excluded if not relevant, or ineligible for Bulk Billing. Other funding sources such as NDIS, SELF, DVA, HSP, WORKCOVER AND PRIVATE INSURANCE MAY APPLY. ITEM 82318 includes A Hearing test AIR BONE SPEECH with an additional cochlear test. These may include, Tinnitus Pitch Matching, MML, UCL, Weber, Sisi, Stenger, Tone Decay, or speech tests like Ling 6, Quiksin, Speech Roll Over and more. Item 82306 non determinate Audiology may also cover these if required.

Patient Name: **DOB:** **Referral Date:**

GP Name: **Provider #:** **Practice:**

GP Signature: **Client Mobile:**

OK TO FIT HEARING AIDS IF REQUIRED: **YES** **OR** **DO NOT FIT HEARING AIDS**

Please circle YES to items required.

1. **COMPREHENSIVE DIAGNOSTIC HEARING BATTERY** - includes ALL tests below if appropriate (EXTENDED RANGE AIR , BONE, SPEECH, TYMPANOMETRY, OTOACOUSTIC EMMISSIONS (OAE), Additional Cochlear test if required as explained above, non determinate audiology for additional cochlear or speech tests if required and ABR, in case of significant sesorineural hearing asymmetry such as 2 Freq at 15dB or 1 at 20 dB or more) Medicare Items may include (82318 or 82315, 82324, 82300, 82332, 82306) YES
2. **AUDITORY BRAINSTEM RESPONSE (ABR)** for Exclusion of retrocochlear pathology (82300) YES
3. **STANDARD ADULT HEARING TEST (5 YEARS AND OLDER)** 82318/15, 82332, 82324 (Air, Bone, Speech, DPOAE and additonal cochlear test if required YES
4. **CHILD HEARING TEST UNDER 5 YEARS** (ABR, OAE, TYMPS,) 82300, 82332, 82314 also (AIR, BONE, SPEECH and Ling 6 test if not too young) 82318,82324 YES
5. **HEARING AID ASSESSMENT/TRIAL/RENTAL**– INCLUDES COMPREHENSIVE BATTERY #1 YES
6. **TINNITUS ASSESSMENT AND MANAGEMENT-** as per #1 and ABR,TE and DP OAE's TRQ, DAS21
7. **OTOTOXICITY HEARING TESTING AND MONITORING** as per #1 YES
8. **AUDITORY PROCESSING TEST PART 1** as per #1 plus ABR to rule out Auditory Neuropathy YES
9. **AUDITORY PROCESSING TEST PART 2 (CAPD and Memory Testing)** **$350** YES
10. **EAR WAX REMOVAL VIA MICROSUCTION** **$60 Pensioner/$120 Private** YES
11. **EMPLOYMENT HEARING TEST** **$150** YES