

**Patient Name:** 

**GP Name:** 



## 4154 4002

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## BUNDABERG HEARING AIDS AND TINNITUS TREATMENT CLINIC GP REFERRAL PAD

DOB:

Provider #:

PLEASE USE THIS REFERRAL FORM, AVAILABLE ON WEBSITE, AS AUDIOLOGISTS ARE UNABLE TO SELECT THEIR OWN TESTS UNDER MEDICARE. THIS KEEPS US MEDICARE COMPLIANT. GP LETTER IN ADDITION IF THERE IS FURTHER INFO WE SHOULD KNOW TO ASSIST YOUR PATIENT.

Referral Date:

Practice:

MOST SERVICES ARE NOW BULK BILLED WITH THIS REFERRAL PAD. Marked Services can't be Bulk Billed. DVA, HSP, WORKCOVER AND PRIVATE INSURANCE MAY APPLY.

ACCREDITED WITH THE FEDERAL GOVERNMENT HEARING SERVICE PROGRAM TO PROVIDE ELIGIBLE PENSIONERS AND VETERANS TESTING AND HEARING AIDS.

| GP Sigr  | nature:  | Client Mobile: |                 |                              |     |
|--|--|----------------|-----------------|------------------------------|-----|
| OK TO FIT HEARING AIDS IF REQUIR   |  | ED: 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 under 5 years and 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 |
|  | DITORY BRAINSTEM RESPON  | •              |                 | •                            | YES |
|  | . STANDARD ADULT HEARING TEST (5 YEARS AND OLDER) 82318/15, 82332, 82324 (Air, Bone, Speech, DPOAE and additional cochlear test if required      |                |                 |                              | YES |
|  | . CHILD HEARING TEST UNDER 5 YEARS (ABR, OAE, TYMPS,) 82300, 82332, 82324 also (AIR, BONE, SPEECH and Ling 6 test if not too young) 82318, 82306 |                |                 |                              | YES |
| 5. HE  | 5. HEARING AID ASSESSMENT/TRIAL/RENTAL— INCLUDES COMPREHENSIVE BATTERY #1  |                |                 |                              | YES |
| 6. TIN   | <b>6. TINNITUS ASSESSMENT AND MANAGEMENT-</b> as per #1 plus ABR, OAE's TRQ, DAS21   |                |                 |                              | YES |
|  |  |                |                 |                              | YES |
|  | 8. AUDITORY PROCESSING TEST PART 1 as per #1 plus ABR to rule out Auditory Neuropathy  |                |                 |                              | YES |
|  | DITORY PROCESSING TEST PA  | •              | Memory Testing) | \$350                        | YES |
|  | R WAX REMOVAL VIA MICRO  | SUCTION        |                 | \$60 Pensioner/\$120 Private |     |
| 11. EM   | PLOYMENT HEARING TEST  |                |                 | \$150                        | YES |

Eligibility restrictions apply to some services ie OAE. Medicare ITEM 82318 includes AIR/BONE SPEECH TESTING with an additional cochlear test. These may include, OAE, Tinnitus Pitch Matching, MML, UCL, Weber, Sisi, Stenger, Tone Decay, or speech tests like Ling 6, ACT, Quiksin, Roll Over, and more. Item 82306 non determinate Audiology may also cover these if required.