Attachment H

This document to be completed by the Dispensing Hearing Aid Professional

CERTIFICATION AND DOCUMENTATION OF EQUIPMENT NEED

To the Provider: All Fields MUST be Completed for Review by DSDHH

Select the appropriate box

◯ By signing below, I certify that I have assessed both ears of the applicant for hearing loss as documented on the attached audiogram and determined the applicant **MEETS** all hearing loss eligibility parameters established by DSDHH for this telecoil equipped hearing aid.

◯ By signing below, I certify that I have assessed both ears of the applicant for hearing loss as documented on the attached audiogram and determined the consumer **DOES NOT MEET** eligibility parameters established by DSDHH for a telecoil equipped hearing aid.

◯ By signing below and providing a ***letter of justification*** why applicant needs this device for telephone use and is alert, sufficiently oriented, and able to utilize and maintain a hearing aid properly and independently or with little assistance from another person. *(This is required if applicant **DOES NOT MEET** eligibility parameters established by DSDHH)*

Certifier's name (PRINT)		License #	
Company Name:			
Street Address:			
City		State	Zip Code
Signature		Date:	
Title		Phone # or Email:	

PLEASE COMPLETE THE FOLLOWING IN ITS ENTIRITY (IF IT IS INCOMPLETE IT WILL BE REJECTED).

Hearing Aid Manufacturer: _____

Hearing Aid Model: _____

Check appropriate box:

BTE Digital:		BTE Analog:		RIC:		RITE:		Other Style**	

**Other Style of Hearing Aid: The applicant requires another style of hearing aid for one or more physical reasons as noted in the attached documentation letter (Provider must submit a detailed explanation on company letterhead describing the need of style change).

Bilateral Hearing Loss: _____ Yes _____ No

Better Ear Fit for Telephone Use: Right _____ Left _____

Ear Mold Type: □ Custom Occluded Style (specify) _____
□ Non-Occluded Style (i.e. domes) (specify) _____

Pure Tone Average at 500 Hz, 1000 Hz, and 2000 Hz: Right Ear _____ Left Ear _____

Pure Tone Average at 2000 Hz, 4000 Hz,6000Hz, and 8000 Hz: Right Ear _____ Left Ear _____

Audiograms must show evaluation results of both ears. Exceptions for single ear only evaluation must be explained on company letterhead and provided to the customer along with the audiogram and this form)

Additional Technology:

The recipient used the following type of mobile device for telecommunication (Fill out appropriate box)

IOS iPhone, iPad, iPod Generation: _____	**Android** Make: _____ Generation: _____	Other Mobile Device Specify: _____	Does not use a Mobile Device _____

Based on Hearing Aid brands provider distributes, and recipient needs, the following additional technology will be provided (Check one)

	MFI		**MFA**	**Bluetooth** Will you provide a phone streamer? If yes, which Streamer? _____	Telecoil (T-Coil) MUST be provided

☐APPROVED ☐DENIED ☐HOLD Auth#_____ DATE:_____