

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 Acceptance by DSDHH

Select the appropriate box

Based upon review of audiogram, I certify that, _____ (name of applicant) **does not meet certification requirements** as stipulated in the 2019 – 2020 provider contract and **IS NOT a good candidate** for better use of the telephone with the telecoil equipped hearing aid being offered.

OR

Based upon review of audiogram, I certify that, _____ (name of applicant) **meets the hearing loss certification requirements** as stipulated in the 2019 – 2020 provider contract and **IS a good candidate** for better use of the telephone with the telecoil equipped hearing aid being offered.

Hearing Aid Manufacturer: _____

Hearing Aid Model: _____

Check appropriate box:

BTE Digital	<input type="checkbox"/>	RIC	<input type="checkbox"/>	RITE	<input type="checkbox"/>	Other Style *	<input type="checkbox"/>
*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

Selected 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, 6000 Hz, 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 <input type="radio"/>
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Based on Hearing Aid brands provider distributes, and recipient needs, the following additional technology will be provided (Check one)

MFI <input type="checkbox"/>	MFA <input type="checkbox"/>	Bluetooth Will you provide a phone streamer? If yes, which Streamer? _____	Telecoil (T-Coil) MUST be provided <input type="checkbox"/>
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Approved Denied Hold Date: _____

Check Applicable Paragraph

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. I have further determined that the 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.

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 **DOES NOT MEET eligibility parameters** established by DSDHH for a telecoil equipped hearing aid.

Certifier's name (print clearly)		License #	
Company Name:			
Street Address:			
City	State	Zip Code	
Certifier's Signature	Date Signed		
Title	Phone Number		