



**Isle of Man**  
Government  
*Reiltys Ellan Vannin*

# Department of Health and Social Care

*Rheynn Slaynt as Kiarail y Theay*

Audiology Department  
NOBLE'S HOSPITAL  
STRANG, DOUGLAS  
ISLE OF MAN  
IM4 4RJ  
Telephone : 01624 650407  
**Nobles Hospital**

## **Replacement Hearing Aid Payment Form**

The Audiology Department provides hearing aids to patients on a free loan basis and patients are entitled to one hearing aid per ear. Hearing aids are valuable items and patients have a responsibility to look after them.

### **This department operates a Lost Aid Policy (which you may view by request).**

Lost hearing aids will incur an administration charge of £50.00 per aid before being replaced. Please report the loss of your aid(s) to your Audiologist.

Payment must be made at the Management Suite Reception and a receipt obtained before you can obtain a replacement hearing aid(s). You must present your receipt along with this form to your Audiologist who will then arrange to replace your hearing aid(s).

If you feel you have mitigating circumstances or feel you should not have to pay, you may request an exemption by completing an exemption form and providing the necessary evidence. The Head of Audiology will review the request and notify you of the outcome. The Head of Audiology decision will be final and any exemption applied will only be valid for one occurrence. Future losses will require payment or further application for exemption.

### **Patient Declaration**

**I ..... (Patient Name) accept that I have lost my hearing aid(s) and I accept that I must pay the above administration charge before being given a replacement(s).**

**Signed:.....(Patient)      Date:.....**

### **Management Suite Use Only**

**The sum of £..... has been received by the above named patient in relation to his/her lost hearing aids. Receipt number:.....**

**Signed:.....(Audiology Department) Date:.....**

**Cost Centre: 1931160505 / 51010107**

**\*\*\*\*\*This form should be retained in the Audiology Department with a copy of the receipt\*\*\*\*\***