

MANITOBA SENIORS HEARING AID PROGRAM HEARING AID DEALER INFORMATION PACKAGE

Purpose Statement

This document provides information for licensed hearing aid dealers in Manitoba who will be participating in the Manitoba Seniors Hearing Aid Program. Please find below a general overview of the program, and the conditions, responsibilities and procedures for licensed hearing aid dealers participating in the program.

Program Overview

The Manitoba Seniors Hearing Aid Program provides eligible Manitobans with financial support up to \$2000 towards the purchase of new hearing aids. Requirements of the program are as follows:

- Clients must receive an approval letter with a unique application number prior to purchasing a hearing aid. Information about the application process for clients can be found in the “**Application Process for Clients**” section of this document, or [on our website](#).
- Every approved applicant is eligible to receive up to \$2000 towards the purchase of one or two new hearing aids, and the testing, molding and fitting of the hearing aid(s). Clients are eligible for one claim every 5 years per eligible person. Information about how to verify that a client is approved and eligible for this program can be found in the “**Participation Conditions and Responsibilities for Hearing Aid Dealers**” section of this document.
- Funds for this program are not paid directly to approved applicants. The amount is applied by the participating hearing aid dealer as a reduction to the approved applicant’s purchase. Participating hearing aid dealers will recover funds up to \$2000 per approved applicant by submitting a claim form to the Manitoba Government. Detailed procedures regarding the claims process are found in the “**Procedures for Participating Hearing Aid Dealers**” section of this document.
- If a client’s total after-tax cost for their hearing device purchase and claim is less than \$2000, they are not eligible to use the additional amount for a future purchase in the 5-year period following their claim. Exceptions may be made for an individual who requires a hearing aid in only one ear at the time of their claim, and is prescribed as needing a hearing aid at a later date for the other year within their 5-year period following the initial claim.
- The following items are not eligible to be covered through this program:
 - Bone-anchored hearing aid systems
 - Cochlear implants
 - Repairs to existing hearing devices
 - Replacement batteries or ear molds
 - Additional ear molds
 - Accessories such as additional battery packs
- For clients with private insurance:
 - If a client has private insurance, please obtain a copy of what their insurer covers and send it along with your claim for payment. Clients who indicate they have private insurance on their application will also be advised of the need to provide this information in their approval letter. The Manitoba Government will have that amount deducted from the maximum \$2000 claim.
 - Example: A client purchases hearing aids costing over the \$2000 maximum and has \$500 private coverage. Manitoba Seniors Hearing Aid program will deduct that amount and \$1500 will be payable to you directly. It is up to the hearing aid dealer to either charge the \$500 up front to the client, or accept the amount from the insurance company directly if applicable.

Participation Conditions and Responsibilities for Hearing Aid Dealers

1. To participate in offering this program and submitting claims on behalf of eligible clients, an individual must be a certified hearing aid dealer licensed by the Hearing Aid Board and Consumer Protection Office in Manitoba, in accordance with The Hearing Aid Act (C.C.S.M. c. H38) and Hearing Aid Regulations 451/88 R.
2. Hearing aid dealers are responsible for confirming that clients are approved as eligible for the program prior to applying the up to \$2000 reduction to their purchase and submitting a claim on their behalf.
 - Eligibility is confirmed by reviewing a client's approval letter with unique application number.
 - Claims will only be accepted for transactions that occur after the date they receive their approval letter.
 - Eligibility can be verified with the client's unique application number by contacting Provincial Services, contact information is as follows:

Local calls: 204-945-5588
Toll free: 844-403-4327 (HEAR)
Email: mbhear@gov.mb.ca

3. A participating hearing aid dealer must return any funds received from the Manitoba Government on behalf of an eligible client in the case that funds were paid to the hearing aid dealer for said client, and said client returns their hearing aid device and is issued a refund by the hearing aid dealer.

Procedures for Participating Hearing Aid Dealers

1. Hearing aid dealer provides client with a copy of their hearing assessment document. This will be used as part of the client's program application.
2. Client (if deemed eligible) presents their approval letter with unique application number to hearing aid dealer.
 - I. Dealer may contact Provincial Services to verify a client's application number and confirm the individual's eligibility at the following contact information:

Local calls: 204-945-5588
Toll free: 844-403-4327 (HEAR)
Email: mbhear@gov.mb.ca

3. Hearing aid dealer fits the approved client for their hearing aids and charges client any amount over \$2000 for hearing device, testing, molding, and fitting costs related to their purchase.
 - I. No charge to the individual if total is below \$2000
4. Hearing aid dealer sends completed claim form with supporting invoice to Provincial Services. The attached invoice must specify the total amount of the purchase.
 - I. A copy of the claim form is included at the end of this document
 - II. Claim forms can be submitted in the following ways:

- Mail or drop off in-person:

Manitoba Seniors Hearing Aid Program
Provincial Services
100 – 114 Garry Street
Winnipeg, MB R3C 4V4

- Fax: 204-948-2143

5. Provincial Services validates the claim form and invoice, confirming the charges correspond to an eligible applicant.

6. Provincial Services mails cheque to the hearing aid dealer for the eligible claim amount.

Application Process for Clients

Clients need the following documents to apply for the Manitoba Seniors Hearing Aid Program:

- A completed Manitoba Seniors Hearing Aid Program Application Form, included at the end of this document
- A 'Proof of Income' statement from Canada Revenue Agency from the previous full tax year
 - Learn more about [how to get a Proof of Income statement](#)
- A hearing assessment document from a certified hearing aid dealer licensed in Manitoba, indicating a degree of hearing loss that requires hearing aids

To apply, send all three documents by mail or drop them off in person at the following address:

Manitoba Seniors Hearing Aid Program

Provincial Services
100 – 114 Garry Street
Winnipeg, MB R3C 4V4

Clients can also fax their application documents to 204-948-214

Manitoba Seniors Hearing Aid Program

Hearing Aid Dealer Claim Form



Department of Families
Department Seniors/Long Term Care
100-114 Garry Street
Winnipeg Manitoba R3C 4V4

Phone: (204) 945-5588
Fax: (204) 948-2143
Toll free: 1-(844)-403-4327 (HEAR)

Section 1

HEARING AID DEALER INFORMATION

CLIENT INFORMATION

License Number:		Application Number:	Date of Birth:
Dealer Name:		Last Name:	First Name:
Address:		Mailing Address:	
Phone number:	Fax number:	Phone number:	

Section 2

BILLING INFORMATION

Date of Delivery: _____ Day/Month/ Year	Description of Item(s): Right Hearing Aid <input type="checkbox"/> Left Hearing Aid <input type="checkbox"/> Right & Left Hearing Aids <input type="checkbox"/>	Amount Payable: \$ _____ (up to \$2,000 maximum)
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Section 3

SIGNATURES- Please send this form along with a copy of the total amount billed to the above client

Dealer Signature: _____	Date: _____
I certify that services above were provided, and all information on this form is accurate.	

Client Signature: _____	Date: _____
I authorize release of the information contained in this claim to Manitoba Seniors Hearing Aid Program. I understand that any balance not covered by Manitoba Families is my responsibility to the above hearing aid dealer.	

Manitoba Seniors Hearing Aid Program Application Form

Department of Families
Department Seniors/Long Term Care
100-114 Garry St.
Winnipeg, MB R3C 4V4

Phone: (204) 945-5588
Fax: (204) 948-2143
Toll free: 1-(844) 403-4327 (HEAR)
manitoba.ca/seniors/hearing_aid_program.html



1. Applicant Information

<u>Last Name:</u>	<u>First Name:</u>	<u>Social Insurance #:</u>
<u>Mailing Address:</u>		<u>Date of Birth: (D/M/Y)</u>
<u>Home Phone:</u>	<u>Mobile:</u>	<u>Marital status:</u> Married/Common Law: <input type="checkbox"/> Single: <input type="checkbox"/>

2. Coverage Details

<p>A. Do you have hearing aid coverage through any of the following agencies?</p> <p><input type="checkbox"/> Workers Compensation <input type="checkbox"/> First Nation Inuit Branch (FNIB) <input type="checkbox"/> Veterans Affairs</p>
<p>B. Do you have hearing aid coverage through a private insurance company?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, you may be eligible through this program as a second payer. The amount your private insurance covers will be deducted from the maximum \$2000 payable.</p>

*DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION:

- 1- Please attach your **“Proof of Income” for yourself and your spouse (if applicable)** from the previous full tax year. This can be obtained by calling the CRA automated 1-800-267-6999 line or 1-800-959-8281 to get a copy mailed to you, or logging into your CRA My Account. For further instruction on how to obtain this document, please visit our website. Do not send in an income tax summary or Notice of Assessment, as it will be returned for the Proof of Income.
- 2- Please attach a copy of your recent audiogram or prescription of your hearing test from your hearing aid dealer. The Hearing test must be dated within the last six months.

Signature of applicant: _____ Date: _____

I authorize release of this information in this application to Department of Families and verify it to be accurate and complete.

Please ensure all information and attachments are submitted with your application to the address at the top left hand corner of this form. Incomplete applications will be returned.