

CERTIFICATE

PROFORMA DETAILS FOR AVAILING REIMBURSEMENT OF EXPENSES FOR DIGITAL HEARING AID:

1.	Name of Beneficiary	
2.	CHSS Card Number	
3.	Centre to which she/he belongs	
4.	Name and Designation of the Prime Beneficiary	
5.	Relationship with the Prime Beneficiary	
6.	Nature of ailment	
7.	<p>Certified that:</p> <p>a) the beneficiary suffers from moderate to severe sensor Neural Hearing loss with Aided speech discrimination score, which cannot be improved to 70 % by use of Analog Hearing Aid.</p> <p>b) the beneficiary is having Sharply sloping audiogram seen on Pure Tone Audiogram seen on Pure Tone Audiometry Inverted 'V' audiogram or 'U' shaped audiogram involving 2000HZ.</p> <p>Note: Factors like the age of the patient/work requirement and bilateral congenital losses should be taken into consideration by ENT surgeons before prescribing Digital Hearing Aid for CHSS beneficiaries.</p>	
8.	Whether Digital type hearing and is required?	

Recommendation of Specialists:

Endorsement by Administrative Officer, CHSS: