

CHECKLIST FOR ISSUE OF PERMISSION FOR HEARING AID DEVICE

(The following format is for CGHS serving employees and pensioners based on OM No. S.11011/37/2019-EHS dated 01/12/2020. Similar format for checklist may be used by Departments/ Ministries/Autonomous bodies for their employees)

SNo	Documents to be enclosed duly indexed and numbered	Page Number
1	Request letter of CGHS serving / pensioner beneficiary duly forwarded by CMO I/C with despatch number of WC.	
2	Copy of plastic card of CGHS serving /pensioner beneficiary(ies) (card holder and dependent who need the machine)-duly verified by CMO I/C with stamp	
3	Computerized referral slip from WC duly signed by the CGHS doctor.	
4	Prescription from Govt. ENT Specialist carrying: (a)Pure Tone Audiometry (PTA) report along with diagnosis based on the report duly authenticated by ENT Specialist (b)Type of Hearing Aid (Digital BTE/Digital ITC/CIC)advised as treatment (c)Sign and stamp of Govt. Specialist with name	
5	PTA report in original carrying (a) PTA report along with diagnosis (b) Countersign and stamp of Govt. Specialist with name	
6	Undertaking from the main card holder that no reimbursement of Hearing Aid device from CGHS, has been done in the last five years, in respect of himself/ his dependent in need of the Hearing Aid.	
7	Undertaking by CMO I/C that as per records of the Wellness Centre, no permission for Hearing Aid has been issued to the beneficiary in need of the Hearing Aid, in the last five years.	
8	If representative of pensioner beneficiary is being sent to the Office of Additional Director to collect the permission letter then, the following are needed: 1. authority letter from pensioner beneficiary in favour of the representative 2. Photocopy and original ID card of representative. 3. Original plastic card to be sent with representative	

CGHS card is valid till _____ (dd/mm/yy) as per CGHS database.

The beneficiary has retired from Department _____ and whether Autonomous body or no _____ (Yes/No).

Contact number of beneficiary is _____, e mail ID is _____

Forwarded to Additional Director CGHS _____ (city/zone) for necessary action.

Name of CMO I/C /officiating CMO I/C _____

Wellness Centre _____

Signature and stamp of CMO I/C _____

**Please note-All information as required in the above checklist, needs to be filled mandatorily.*