## AIDS & APPLIANCES



| ARTIFICIAL AID OR<br>APPLIANCE              | FORM REQUIRED | FORM VALID FOR | CLAIMING<br>Frequency |
|---|---------------|----------------|-----------------------|
| Allergy cover for mattress/pillow/quilt     | <b>✓</b>      | 12 months      |                       |
| Artificial eyes/nose/ear                    | ×             |                |                       |
| Artificial limbs                            | ×             |                |                       |
| Blood glucose monitor (purchase)            | <b>✓</b>      | 12 months      |                       |
| Blood pressure monitor (purchase)           | <b>✓</b>      | 12 months      |                       |
| Breast pump (purchase)                      | <b>X</b> *    |                |                       |
| Compression garments/<br>surgical stockings | <b>✓</b>      | 12 months      |                       |
| Compression garments (pregnancy-related)    | <b>✓</b>      | 12 months      |                       |
| CPAP accessories<br>(purchase)              | ×             |                |                       |
| CPAP machine (purchase)                     | <b>✓</b>      | No expiry      | 1 per 3 years         |
| Crutches (purchase)                         | ×             |                |                       |
| Crutches (hire)                             | ×             |                |                       |
| Hearing aids                                | ×             |                | 1per 3 years          |
| Hearing aid charger                         | ×             |                |                       |
| Hearing aid and sound processor repairs     | ×             |                |                       |

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|-------------------------------------|---------------|----------------------|---|
| Impotency pump                      | <b>✓</b>      | 12 months            |   |
| INR blood clotting device           | <b>✓</b>      | 12 months            |   |
| Mastectomy bra/top                  | <b>✓^</b> ^   | No expiry            |   |
| Nebuliser                           | ✓             | 12 months            |   |
| Orthotics                           | ×             |                      |   |
| Punctal plugs                       | ×             |                      | Temporary plugs: claimable every year – up to set limit  Permanent plugs: claimable every 3 years |
| Surgical corsets/braces<br>/trusses | <b>✓</b>      | 12 months            |   |
| Surgical shoes                      | ×             |                      |   |
| TENS machine                        | ✓             | 12 months            |   |
| Wheelchair (purchase)               | ✓             | 5 years/no expiry ** | 1 per 5 years   |
| Wheelchair repair<br>(inc. battery) | ×             |                      |   |
| Wigs/hairpieces                     | <b>✓</b>      | No expiry            |   |
| Wigs/hairpiece repairs              | ✓             | No expiry            |   |

<sup>\*</sup> We don't need you to submit a form if our records show you're pregnant or mum to newborn.

<sup>^</sup> No form required if we can see you've claimed for a related procedure with us (e.g. mastectomy).

<sup>\*\*</sup> If the wheelchair is required for a permanent medical condition, you only need to submit the form once. For temporary medical conditions forms are valid for 5 years.