

# Phonak Government Services Repair Request Form

<b>Date:</b> _____	<b>PO:</b> _____
<b>Payer:</b> <input type="checkbox"/> <b>ROES</b> DALC-5120018626	<b>Patient Name/Last 4</b> _____
<input type="checkbox"/> <b>RACHAP</b> (enclose payment) If paying with cc, please enclose RACHAP authorization form	<b>Ship To Acct:</b> _____
<input type="checkbox"/> <b>OTHER:</b> _____	<b>Address</b> _____
<b>Serial Number:</b>	<b>City/State:</b> _____
<b>R:</b> _____ <b>L:</b> _____	<b>Contact:</b> _____
	<b>Email:</b> _____
	<b>Phone:</b> _____

## Service Option

☐ 24-Hour Service (not guaranteed during holidays)

### 6 Month Flat Fee for Warranty and Repair [36C79125D0007]

Applies to all chargeable repair orders

- ☐ ITE/BTE/RIC (\$163.90)  
☐ Remote Control (\$89.00)  
☐ Wireless Adapter/Transmitter/Receiver (\$139.00)  
☐ FM Transmitter/Receiver (\$139.00)

### 12 Month Flat Fee For Warranty 8: Repair

Applies to all chargeable repair order

- ☐ ITE/BTE/RIC (\$185.90)  
☐ Remote Control (\$108.90)  
☐ Wireless Adapter/Transmitter/Receiver (\$166.95)  
☐ FM Transmitter/Receiver (\$166.95)

## Circuit Repair & Modification

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dead                    | <input type="checkbox"/> Weak (not up to specs) | <input type="checkbox"/> Short range  |
| <input type="checkbox"/> Intermittent (describe) | <input type="checkbox"/> Add option: _____      | <input type="checkbox"/> No FM signal   |
| <input type="checkbox"/> Distorted (describe)    | <input type="checkbox"/> Delete option: _____   | <input type="checkbox"/> Intermittent FM signal   |
| <input type="checkbox"/> Fades                   | <input type="checkbox"/> Matrix change: _____   | <input type="checkbox"/> DAI not functioning  |
| <input type="checkbox"/> Noisy                   | <input type="checkbox"/> Clean & Test           | <input type="checkbox"/> Model Change:<br>Only applicable during trial period and<br>will be processed as a credit/rebill<br>Not allowed after trial period |
| <input type="checkbox"/> Excessive battery drain |   |   |
| <input type="checkbox"/> Internal feedback       |   |   |
| <input type="checkbox"/> Wax related problem     |   |   |

## Case Defect

- ☐ Damaged Case  
☐ Broken Battery Door

## Defective Component

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Volume Control     | <input type="checkbox"/> Audio Input |
| <input type="checkbox"/> Push Button/Switch | <input type="checkbox"/> Tcoil       |
| <input type="checkbox"/> Battery Door       |                                      |

## ITE/eShell Modification\*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Increase Vent | <input type="checkbox"/> Feedback                | <input type="checkbox"/> Occluded       |
| <input type="checkbox"/> Decrease Vent | <input type="checkbox"/> Tight Fit (please mark) | <input type="checkbox"/> Loose Fit      |
| <input type="checkbox"/> Hurts         | <input type="checkbox"/> Cracked/Broken          | <input type="checkbox"/> Add canal lock |

\*Impression or digital scan must be included with shell modification requests.  
Hearing aids must be included with all remakes.

## RIC Repairs

- Replace RIC receiver ONLY
- ☐ Device Included  
☐ Device NOT Included

## Notes/Description of Problem

Please list any additional items sent in with the unit

## Please mark problem area



To view our Repair Terms and Conditions visit:  
<https://www.phonak.com/en-us/terms-and-conditions/repair-services>

internal use only: S B RI R2 L1 L2 PNK BLU F LS YLW GRN PRP WHT TRQ