OGA Phonak Return for Credit Form
(36C79125D0007)

PHONAK life is on

This form is to be completed and submitted by the clinic on behalf of the patient.

Customer Information

Payer:

- ☐ ROES (DALC PH5120018626)
- ☐ Other
- ☐ RACHAP (Enclose payment and if paying by cc, RACHAP authorization form)

Ship To:

Address:

City: State: Zip:

PO #:

Contact Name:

Phone Number:

Email Address:

Patient's Last Name:

Patient's 4 Digit SSN:

Age: Gender:

Reason for Return (Mandatory)

- ☐ Acoustic/sound quality [CR100]
- ☐ Not functioning [CR110]
- ☐ Cosmetic [CR120]
- ☐ Poor fit [CR130]
- ☐ Order fulfillment error [CR200]
- ☐ Overstock [CR210]
- ☐ Too many repairs/remakes [CR221]
- ☐ Exchange form factor [CR222]
- ☐ Patient/medical problem [CR301]
- ☐ Device/medical problem [CR302]
- ☐ Cost-related [CR310]
- ☐ Patient cannot adapt [CR330]
- ☐ Not enough benefit [CR340]
- ☐ Patient unsatisfied [CR355]
- ☐ Other reason [CR320]
- ☐ No reason given [CR360]

Instrument Information

Invoice Number: **Invoice Date:**

Instrument 1 – Model Name:

Serial Number:

Instrument 2 – Model Name:

Serial Number:

Instrument 3 – Model Name:

Serial Number:

Instrument 4 – Model Name:

Serial Number:

Please see the Phonak Price & Policy Guide for the Right-of-Return policy.

OGA Phonak One-Time Replacement Request
(36C79125D0007)

This form is to be completed and submitted by the clinic on behalf of the patient.

Customer Information

Payer:

☐ ROES (DALC PH5120018626)

☐ Other

☐ RACHAP (Enclose payment and if paying by cc, RACHAP authorization form)

Ship To:

Address:

City: State: Zip:

PO #:

Contact Name:

Phone Number:

Email Address:

Patient's Last Name:

Patient's 4 Digit SSN:

Age: Gender:

Hearing Instrument Information

Model:

☐ Left ☐ Right

Serial Number:

Receiver / SlimTube Size (00–3):

cShell Serial Number*:

*Custom earpieces with the exception of cShells will require a new order to be submitted. They will not be included with the replacement device by default.

Charger Information

Charger Model:

Serial Number:

Wireless Accessories & Roger

Model:

Serial Number:

Replacement Information – please note that if this section is incomplete, the request will not be processed

Please describe below the circumstances under which the instrument was lost or damaged and the attempts made to recover the instrument (attach an additional page if necessary).

Please read and sign the following statement:

"I, _____, hereby state that the above information is true and accurate. I understand that should a lost instrument be found, the replacement unit that was issued must immediately be returned to Sonova USA Inc."

Hearing Care Professional Signature

Date

Please see the Phonak Price & Policy guide for the One-Time Replacement Policy.