

Phonak Loss Claim Form

Date: ____ / ____ / ____
DD MM Year

Attention to
(at Phonak): _____

STEP 1: Account Information

Ship to Account Number:

Phone#:

Company Name:

Address:

Contact Name (Audiologist/Dispenser):

Bill to Account Number:

Phone#:

Company Name:

Address:

SHIP TO

BILL TO

STEP 2: Third Party Information

Claim Type: AADL BCEHP CNESST Eastern Health Greenshield Manitoba Health Nisga'a ODSP REGIE VAC,DND,RCMP,ISC(NIHB)
 WCB-AB WCB-MB WCB-NS WCB-SASK WCB-Yukon Workplace NL,WSNB, WCB PEI WS-BC WSIB Other: _____
(Please Specify)

Claim # (Required): _____
(Please Print)

STEP 3: Patient Information

First Name:

Last Name:

STEP 4: Hearing Instrument Information

	Left	Right
Hearing Instrument Model:	_____	_____
Serial Number:	_____	_____
Receiver/Tubing Length:	_____	_____
Custom Earpiece Serial #:	_____	_____

STEP 5: Roger Information

Is RogerDirect installed in the Lumity/Paradise/Marvel™ device?
 Yes No

Please specify which Roger:

Roger (02) Roger (03)

Roger X Serial #: _____

Please refer to the current Phonak Price and Policy for our warranty policy.

STEP 6: Declaration of Loss

Please have the user or responsible party read and sign the following statement:

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

"Je _____, déclare que les informations ci-haut sont vrais et exactes. Je comprends que si l'instrument perdu est retrouvé plus tard, le remplacement qui m'a été remis doit être immédiatement retourné chez Phonak Canada."

Signature: _____

Date: _____
dd/mm/yyyy

Additional Comments:

