

Phonak Return for Credit Form.



This form is to be completed and submitted by the HCP on behalf of the applicable end user customer.

Customer Information

Ship To Account Number: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill To Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Return (Mandatory)

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

Please see Phonak Price and Reference Guide for the Right-of-Return policy.

Please Note:

The FDA Title 21, section 801.420, part "a", paragraph 6 defines "used hearing aid" as: "any hearing aid that has been worn for any period of time by a user, however, a hearing aid shall not be considered used merely because it has been worn by a prospective user as part of a bona fide hearing aid evaluation conducted to determine whether to select that particular hearing aid for that prospective user, if such evaluation has been conducted in the presence of the dispenser or hearing aid health professional selected by the dispenser to assist the buyer in making such a determination."

Sonova USA Inc. is not responsible and assumes no liability for any device or accessory not manufactured by Sonova which is sent by you to Sonova. Please ensure that you only include Phonak branded devices and accessories herein.

Instrument Information

Invoice Number: _____ Invoice Date: _____

Instrument 1 – Model Name: _____

Serial Number: _____

Patient Name: _____

Instrument 2 – Model Name: _____

Serial Number: _____

Patient Name: _____

Instrument 3 – Model Name: _____

Serial Number: _____

Patient Name: _____

Instrument 4 – Model Name: _____

Serial Number: _____

Patient Name: _____

Instrument 5 – Model Name: _____

Serial Number: _____

Patient Name: _____

Instrument 6 – Model Name: _____

Serial Number: _____

Patient Name: _____

If you are returning a hearing device and have installed RogerDirect™, please uninstall before returning.

Phonak One-Time Replacement Request.

This form is to be completed and submitted by the HCP on behalf of the applicable end user customer.

Customer Information

Ship To Account Number: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill To Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Name: _____

Third Party Patient Number: _____

Purchase Order Number: _____

Contact Name: _____ Phone Number: _____

Hearing Instrument Information

Model: _____

Right Left

Serial Number: _____

Receiver / SlimTube Size (00-3): _____

cShell / SlimTip Serial Number*: _____

Is RogerDirect™ installed? If yes, provide the Roger microphone or Roger X (schools only) Serial Number:

Yes No Serial Number: _____

Original Invoice Number: _____

Warranty Expiration: _____

*Custom ear pieces will incur additional charge.

Shipping & Handling Options*

- Next Morning (\$32.99) 2 Business Days (\$20.99)
 Next Afternoon (\$21.99) 3-5 Business Days (\$19.99)

* Based on location and courier

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 Phonak Price and Reference Guide for the One-Time Replacement Policy.

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