Phonak Return for Credit Form

PHONAK
life is on

Customer Information

Ship To Account Number: Date:

Address:

City: State: Zip:

Bill To Account Number:

Address:

City: State: Zip:

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]

Please see Phonak Price and Reference Guide for the Right–of–return policy.

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.

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 non-Phonak manufactured device or accessory sent by you to Phonak. Please ensure that you only include Phonak devices and accessories herein.

Phonak U.S. | 750 North Commons Drive | Aurora, IL 60504 | Phone 800-777-7333 | Fax 630-393-9858 | Email orders@phonak.com   Phonak – A Sonova brand

Phonak One-Time Replacement Request

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 have the user or responsible party (if user is under 18 years old) 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 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 a lost instrument be found, the replacement unit I was issued must immediately be returned to Sonova USA Inc."

_____   _____
Patient / Responsible Party Signature   Date

_____   _____
Hearing Care Professional Signature   Date

Please see Phonak Price and Reference Guide for the One-Time Replacement policy.

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