

RETURN FOR CREDIT FORM

PLEASE NOTE: The FDA's 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."

"BILL TO" Account Information:

Account Number: _____

Account Name: _____

City/State/Zip: _____

Phone: _____

Fax: _____

"SHIP TO" Account Information:

Account Number: _____

Account Name: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Instrument #1 Information: New Used

Model Name: _____

Serial #: _____

User's Name: _____

Invoice Number: _____

Invoice Date: _____

Instrument #2 Information: New Used

Model Name: _____

Serial #: _____

User's Name: _____

Invoice Number: _____

Invoice Date: _____

Instrument #3 Information: New Used

Model Name: _____

Serial #: _____

User's Name: _____

Invoice Number: _____

Invoice Date: _____

Instruments must be returned in their original condition, within **60 days** of invoice, and accompanied by a **copy of the original invoice** in order to receive full credit. You will not receive credit for shipping charges. All returns must be sent in by registered mail or some other form of insured shipment. Phonak is not responsible for any instrument lost during shipment. *

*** Under no circumstances, can instruments that have been replaced under Phonak's Loss and Damage Policy, be returned for credit.**

Reason for Return (MUST BE COMPLETED):

1.) Patient did not use:

- Medical Reasons
- Cancelled Order
- Other Issues (explain): _____

2.) Defective/Quality Reasons (explain): _____

3.) Patient returned because:

- Could not adjust
- Cost/Benefit
- Comfort or Retention Issue
- Cosmetics
- Functions (i.e. EasyPhone, Wireless, etc.)

4.) Order/Stock/Shipping Issues:

- Error or Problem with Order
- Overstock/Consignment
- Exchange

LOST OR DAMAGED INSTRUMENT CLAIM FORM

PLEASE NOTE: Phonak, Inc. will replace a hearing instrument that has been certified as lost or damaged beyond repair only once during the lost and damage period after dispensing. **Instruments replaced under the Loss and Damage provision may not be returned for credit. Claims will be processed only when this form is completed and notarized.** Phonak reserves the right to request additional information regarding this claim if deemed necessary for settlement. Lost or damaged instruments must be reported to Phonak **within 14 days** of the occurrence.

"SHIP TO" Information:

The following section is to be filled in by the dispenser:

Account Number: _____

Account and Contact Name: _____

City, State: _____

Patient Name: _____

Patient Medicaid #: _____

PO #: _____

Model name: _____

Serial Number*: _____

*If this is a CRT or open fit model, please mark the following:

Receiver/Tubing Size & Side** _____

cShell/Slimtip/xShell SN#** _____

** (please note: these items may incur additional charges)

Original Invoice #: _____

Warranty Expiration: _____

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 Phonak, Inc."

Notary Public Stamp

Notary Public Signature

Date

(Signature/Date)

(Signature, Dispensing Agent/Date)