

Phonak Return for Credit Form



Customer Information

Ship To Account Number: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill To Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Return (Mandatory)

1: Patient did not use

- Medical Reason
- Canceled Order
- Defective/Quality Reasons (explain): _____

2: Patient returned because:

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

3: Order/Stock/Shipping Issues:

- Error or Problem with Order
- Overstock/Consignment

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.

Note: SlimTips and cShells are not returnable.

Instruments that have been replaced under the Phonak One-Time Courtesy Replacement Policy cannot be returned for credit.

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: _____

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 One-Time Courtesy 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 (0-3): _____

cShell / SlimTip Serial Number*: _____

Original Invoice Number: _____

Warranty Expiration: _____

*Custom ear pieces will incur additional charge.

Please Note: Instruments replaced under the One-Time Courtesy Replacement Policy may not be returned for credit. Lost instruments will be deactivated upon report to Phonak to prevent unauthorized use. Damaged instruments will be deactivated and recycled. If a lost instrument is subsequently found and the user or responsible party would like the original instrument reactivated, reactivation will occur upon Phonak's receipt of the replacement instrument. If a lost instrument is subsequently found, the processing fee will not be reimbursed.

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 Note:

Phonak will replace a hearing instrument that has been certified as lost or damaged beyond repair only once during the one-time courtesy replacement period after dispensing. Phonak reserves the right to request additional information regarding this request if it deems necessary, in its sole discretion. Lost or damaged instruments must be reported to Phonak within 14 days of the occurrence. Lost instruments will be deactivated upon report to Phonak to prevent unauthorized use. Damaged instruments will be deactivated and recycled. If a lost instrument is subsequently found and the user or responsible party would like the original instrument reactivated, the replacement instrument must be returned to Phonak and reactivation of the original instrument will occur upon Phonak's receipt of the replacement instrument. If a lost instrument is subsequently found, the processing fee will not be reimbursed. **Instruments replaced under the One-Time Courtesy Replacement Policy may not be returned for credit.** Sonova USA Inc. is not an insurance company and does not offer loss and damage insurance. This program is a one-time courtesy replacement and does not constitute an insurance product.

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.