kepiacement Ciaim Form							
Ship To Information				Fitter's Inf	formation		
Customer Number: (Please complete all information including name & phone numb	er)	:					
Phone #: Purchase Order #:				Patient Inf	ormation		
Phone #: Purchase Order #: Company Name: Address: State: Zip:_		First N	ame:		Mi Ini	ddle Age:	
City: State: Zip:		Last Name:					
Bill To Information		Medi	caid Patier	nt. Yes.	Child: Yes:	Ane	
Bill To Number:		:	aid#	_	uired if applicable		
Instrument Information	:			·	Accessories		
Model:	For RITE a	and Corda r	niniFit models		not selected, nor	ne will be sent	
Serial Number:		acement in					
	i		it: □ 60 □	85 100	designRITE	: 🗆 80	
Serial Number: Color: Custom product modifications: Canal lock Tamper Resistant Battery Door Clothing loop Removal String Other: Assistive Listening Device:	Speake R	r Units:	Open:	Do Bass Single	mes: Bass Double	Power	
Custom product modifications:	0	<u> </u>	☐ 5mm	☐ 6mm	☐ 6mm	☐ 6mm	
Capallack Tamas Decistant Detter (Dec	: =		☐ 6mm	☐ 8mm	☐ 8mm	☐ 8mm	
☐ Canal lock ☐ Tamper Resistant Battery Door	2 3		☐ 8mm ☐ 10mm	☐ 10mm ☐ 12mm	☐ 10mm ☐ 12mm	☐ 10mm ☐ 12mm	
☐ Clothing loop ☐ Removal String	: -	4		Fit Tube Size: _		□ 12IIIIII	
Other:	5	5		iFit Adapter:			
3							
: If Corda?			2 devices , please provide us with Speaker type and length and dome size. adapter is needed, please give tube size:				
Receiver - Serial #	ii Cordaz	auaptei is	needed, pied:	se give tube size.			
las da Fila a Claim Bassinamantes Casselda famada se su	ul- 4l d -	11	:-1				
low to File a Claim Requirements: Complete form above wit atient name, speaker/dome size, if applicable. Custom instrument		newimnression					
Guidelines: 1. There is a one time replacement offered for product lost, stolen or damaged bey			If you wish to order additional items such as a custor ear mold please indicate below. New Impressions				
			beyond repair. must be sent with the order. All appropriate charges				
. No exchanges or upgrades	c chinning a	nd bandlin	a costs	apply.			
3. Customer is responsible for non-refundable processing fee plus shipping ar Lost instrument is "Property of Oticon"; if found, return to Oticon Inc.		IIU IIdi IUIII	ig costs.	Ear Mold Serial #:			
 Replacement unit carries the remainder of the service warranty. Replacement coverage is non renewable for replacement unit. Rush service is not available, our standard turn around time is an average o 				Corda miniFit Mold: R L			
			ss davs.	Streamer:			
7. Replacement coverage applies to the product only and does not apply to an							
streamers, demo instruments,or custom ear molds.			,				
Dispenser/Consumer signatures authorize Oticon to	proceed	with this	claim base	d on the guide	lines listed abo	ove.	
Please briefly describe the reason for instrument replace	ment:						
Date of Claim: Patient's Signature:			Disper	nser's Signature	:		

Submit to: Oticon, Inc. Fax Number: 732-560-7376 Attn: Customer Service 580 Howard Ave. Phone: 1-800-526-3921 Email to: cs@oticonusa.com

Somerset, NJ 08873

