

# 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)

- |   |  |
|---|--|
| <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]         |

**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.**

## 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.

## 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 Phonak Marvel™ device and have installed RogerDirect™ please uninstall before returning.**

# 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: \_\_\_\_\_

\_\_\_\_\_

## 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.

## 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 Serial Number:

Yes  No 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.