

<b>Your Information</b>	<b>Step 1: Account Information</b>										<b>Step 2: Patient Information</b>																	
	Ship to Account:										First Name:																	
	Account Name:										Last Name:																	
	Address:										Age:																	
											Last 4 digits of Social Security #:																	
	City:					State:					Zip:					<b>Audiometric Information (required)</b>												
	Phone #:										Hz:		250		500		1k		2k		3k		4k		6k		8k	
	Contact Name:										Right:																	
	<b>Email (required):</b>										Left:																	
	<b>Bill to Account:</b>										<b>Step 3: Fitter's Information</b>																	
Date:					Fitting Date:					Fitter's Name:																		
Purchase Order #:										Fitter's Email:																		

<b>Lost Product Information</b>	<b>Step 4: Instrument Information</b>										<b>Step 5: RITE and BTE Model Options</b>											
	<b>Model:</b>										If options are not chosen below, they will not be sent with the replacement instrument.											
	<b>Serial Number:</b>										<b>Speaker</b>											
	<b>Serial Number:</b>										miniFit <input type="checkbox"/> 60 <input type="checkbox"/> 85 <input type="checkbox"/> 100											
	<b>Color:</b>										miniFit Detect <input type="checkbox"/> 60 <input type="checkbox"/> 85 <input type="checkbox"/> 100											
	<b>Earmolds</b> MicroShell molds, MicroShell Detect molds and Power Molds will be covered under the hearing aid L&D warranty.										<b>Speaker Units:</b>		<b>Open</b>		<b>OpenBass</b>		<b>Bass Double</b>		<b>Bass Single</b>		<b>Power</b>	
	<input type="checkbox"/> MicroShell <input type="checkbox"/> MicroShell Detect <input type="checkbox"/> Power Mold										<input type="checkbox"/> R <b>0</b>	<input type="checkbox"/> L <b>0</b>			<input type="checkbox"/> 5mm*							
											<input type="checkbox"/> R <b>1</b>	<input type="checkbox"/> L <b>1</b>	<input type="checkbox"/> 6mm		<input type="checkbox"/> 6mm		<input type="checkbox"/> 6mm		<input type="checkbox"/> 6mm			
	<b>Custom Product Modifications</b>										<input type="checkbox"/> R <b>2</b>	<input type="checkbox"/> L <b>2</b>	<input type="checkbox"/> 8mm		<input type="checkbox"/> 8mm		<input type="checkbox"/> 8mm		<input type="checkbox"/> 8mm			
	<input type="checkbox"/> Canal lock					<input type="checkbox"/> Removal String					<input type="checkbox"/> R <b>3</b>	<input type="checkbox"/> L <b>3</b>	<input type="checkbox"/> 10mm		<input type="checkbox"/> 10mm		<input type="checkbox"/> 10mm		<input type="checkbox"/> 10mm			
<input type="checkbox"/> Clothing loop										<input type="checkbox"/> R <b>4</b>	<input type="checkbox"/> L <b>4</b>			<input type="checkbox"/> 12mm		<input type="checkbox"/> 12mm		<input type="checkbox"/> 12mm				
<input type="checkbox"/> Other:										<input type="checkbox"/> R <b>5</b>	<input type="checkbox"/> L <b>5</b>	<b>Cordea miniFit Tube Size:</b>										
<b>Assistive Listening Device</b>										<b>Cordea miniFit Adapter:</b> <input type="checkbox"/> Yes												
<input type="checkbox"/> Transmitter - Serial #										*5mm OpenBass dome can be used for fittings requiring an OpenBass or Open dome.												

**How to File a Claim Requirements:** Complete form above with the model, color, serial number, patient name, speaker/dome size, if applicable. Custom instruments require a new impression.

**Guidelines:**

1. There is a one time replacement offered for products within the original warranty that are lost, stolen or damaged beyond repair.
2. No exchanges or upgrades
3. Lost instrument is "Property of Oticon"; if found, return to Oticon, Inc.
4. Replacement unit carries the remainder of the service warranty.
5. Replacement coverage is non renewable for replacement unit.
6. Replacement coverage applies to the product and embedded earmolds only. Replacement does not apply to any accessory items, chargers, demo instruments or custom ear molds.

<b>Audiologist/Consumer signatures authorize Oticon to proceed with this claim based on the guidelines listed above.</b>		
<b>Please briefly describe the reason for instrument replacement:</b>		
<b>Date of Claim:</b> _____	<b>Patient's Signature:</b> _____	<b>Audiologist's Signature:</b> _____

Please note that as a covered entity, you are required under HIPAA to safeguard protected health information.

Submit to: Oticon, Inc. Attn: Government Services Customer Service Fax Number: 763.764.9133  
 580 Howard Ave. Email to: vaorders@oticonusa.com Phone: 877.310.9681  
 Somerset, NJ 08873