## **Replacement Claim Form**

Replacement Claim Form							
Ship To Information				Fitter's In	formation		
Customer Number:		: : Fitter's	Name:				
(Please complete all information including name & phone number)		Fitter's E-mail:					
Phone #: Purchase Order #:		Patient Information					
Company Name:		First N	ame:			<sup>ddle</sup> Age:	
Address:							
Phone #: Purchase Order #: Company Name: Address: State: Zip:_		Last N	ame:				
Bill To Information							
Bill 10 illiorination		Med	icaid Patie	nt: Yes:	Child: Yes:	Age	
Bill To Number:		Medi	caid #				
		:		Requ	uired if applicable		
Instrument Information				RITE Model	Accessories		
Model:	•			s if accessories are	not selected, non	ne will be sent	
Serial Number:	•	acement ir		85 100	designRITE:	. 🗆 🛭 🗈 0	
Serial Number:	· -		it. 🗆 00			. 🗆 00	
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:	Bass Single	mes: Bass Double	Power	
Custom product modifications:		_ 0	5mm	☐ 6mm	6mm	☐ 6mm	
Canal lock Tamper Resistant Battery Door			☐ 6mm	□ 8mm	□ 8mm	□ 8mm	
Clathing loop Demonstrate	<u></u> 2 ∃	<u></u> 2	☐ 8mm ☐ 10mm	☐ 10mm ☐ 12mm	☐ 10mm ☐ 12mm	☐ 10mm ☐ 12mm	
Clothing loop Removal String	: -	4		iFit Tube Size:			
Other:	5	5		niFit Adapter:			
<b>3</b>	Fay Diag	<b>3</b> daniaaa	-1	d :: # C			
Transmitter - Serial #		<b>? devices</b> , please provide us with Speaker type and length and dome size. adapter is needed, please give tube size:					
Receiver - Serial #	:	daupter	rriceded, pied	ise give tabe size.			
	i						
Jour to File a Claim Poquiroments: Complete form above wit	th the mode	l color co	rial numbor	Mamada ha I	Dab a a a d.		
How to File a Claim Requirements: Complete form above with the model, color, serial num patient name, speaker/dome size, if applicable. Custom instruments require a new impression.  Guidelines:							
				If you wish to order additional items such as a custor ear mold please indicate below. New Impressions			
1. There is a one time replacement offered for product lost, stolen or damaged beyond repair.			repair.	must be sent with the order. All appropriate charges			
. No exchanges or upgrades  Customer is responsible for non-refundable processing fee plus	s shinnina a	nd handlir	na costs	apply.			
3. Customer is responsible for non-refundable processing fee plus shipping and handling cost Lost instrument is "Property of Oticon"; if found, return to Oticon Inc.			ig costs.	Ear Mold Serial #:			
<ol> <li>Replacement unit carries the remainder of the service warranty.</li> <li>Replacement coverage is non renewable for replacement unit.</li> <li>Rush service is not available, our standard turn around time is an average of 5 busine</li> </ol>				Corda miniFit Mold: R L			
			ss days.	Streamer:			
<b>7.</b> Replacement coverage applies to the product only and does not apply to any acce				Other:			
streamers, demo instruments,or custom ear molds.							
Dispenser/Consumer signatures authorize Oticon to	proceed v	with this	claim base	ed on the guide	lines listed abo	ove.	
Please briefly describe the reason for instrument replace	ment:						
Date of Claim: Patient's Signature:			Dispe	nser's Signature	<u>.</u>		

Attn: Customer Service

Email to: cs@oticonusa.com

Fax Number: 732-560-7376

Phone: 1-800-526-3921

Oticon, Inc.

580 Howard Ave.

Somerset, NJ 08873

Submit to: