

# Replacement Claim Form

	Ship To Information	Fitter's Information
<b>Your Information</b>	<b>Customer Number:</b> <input type="text"/>	<b>Fitter's Name:</b> _____
	(Please complete all information including name & phone number)	<b>Fitter's E-mail:</b> _____
	<b>Phone #:</b> _____ <b>Purchase Order #:</b> _____	
	<b>Company Name:</b> _____	
	<b>Address:</b> _____	
	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	
		<b>Patient Information</b>
		<b>First Name:</b> <input type="text"/> <b>Middle Initial:</b> <input type="text"/> <b>Age:</b> <input type="text"/>
		<b>Last Name:</b> <input type="text"/>
		<b>Medicaid Patient:</b> Yes: <input type="checkbox"/> <b>Child:</b> Yes: <input type="checkbox"/> <b>Age:</b> _____
		<b>Medicaid #</b> _____ <i>Required if applicable</i>
	<b>Bill To Information</b>	
	<b>Bill To Number:</b> <input type="text"/>	

	Instrument Information	RITE/ Corda <sup>2</sup> Accessories																								
<b>Lost Product Information</b>	<b>Model:</b> _____	For RITE/ Corda <sup>2</sup> models if accessories are not selected, none will be sent with replacement instrument.																								
	<b>Serial Number:</b> _____																									
	<b>Serial Number:</b> _____	<b>Speaker:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Medium <input type="checkbox"/> Power <input type="checkbox"/> Intiga																								
	<b>Color:</b> _____	<b>Speaker Units:</b>																								
	<b>Custom product modifications:</b> <input type="checkbox"/> Canal lock <input type="checkbox"/> Tamper Resistant Battery Door	<table style="width:100%;"> <tr> <td><b>R</b></td> <td><b>L</b></td> <td><b>Domes:</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 6mm</td> <td><input type="checkbox"/> Power 8mm</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 8mm</td> <td><input type="checkbox"/> Power 10mm</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 10mm</td> <td><input type="checkbox"/> Power 12mm</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> Plus</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> <td></td> <td></td> </tr> </table>	<b>R</b>	<b>L</b>	<b>Domes:</b>		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 6mm	<input type="checkbox"/> Power 8mm	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 8mm	<input type="checkbox"/> Power 10mm	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 10mm	<input type="checkbox"/> Power 12mm	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> Plus		<input type="checkbox"/> 5	<input type="checkbox"/> 5		
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<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 10mm	<input type="checkbox"/> Power 12mm																							
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> Plus																								
<input type="checkbox"/> 5	<input type="checkbox"/> 5																									
<input type="checkbox"/> Clothing loop <input type="checkbox"/> Removal String <input type="checkbox"/> Other: _____																										
<b>Assistive Listening Device:</b>	<b>Corda<sup>2</sup> Tube Size:</b> _____ <b>Corda<sup>2</sup> Adaptor:</b> <input type="checkbox"/> Yes																									
<input type="checkbox"/> Transmitter - Serial # _____																										
<input type="checkbox"/> Receiver - Serial # _____																										

**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 product lost, stolen or damaged beyond repair.
2. No exchanges or upgrades
3. Customer is responsible for non-refundable processing fee plus shipping and handling costs. 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. Rush service is not available, our standard turn around time is an average of 5 business days.
7. Replacement coverage applies to the product only and does not apply to any accessory items, streamers, demo instruments, or custom ear molds.

**Items to be Purchased:**

If you wish to order additional items such as a custom ear mold please indicate below. New Impressions must be sent with the order. All appropriate charges apply.

**Ear Mold Serial #:** \_\_\_\_\_

**Corda<sup>2</sup> Mold:**  R  L

**Streamer:**  White  Black

**Other:** \_\_\_\_\_

\*Please check/confirm the correct color and dome size with the patient based on the guidelines listed above.

**Please briefly describe the reason for instrument replacement:**

**Date of Claim:** \_\_\_\_\_ **Patient's Signature:** \_\_\_\_\_ **Dispenser's Signature:** \_\_\_\_\_

Submit to:

