

**LOST OR DAMAGED INSTRUMENT
CLAIM FORM**

PLEASE NOTE: Phonak, Inc. will replace a hearing instrument that has been certified as lost or damaged beyond repair only once during the lost and damage period after dispensing. Instruments replaced under the Loss and Damage provision may not be returned for credit. Claims will be processed only when this form is completed and notarized. Phonak reserves the right to request additional information regarding this claim if deemed necessary for settlement. Lost or damaged instruments must be reported to Phonak within 14 days of the occurrence.

"SHIP TO" Information:

The following section is to be filled in by the dispenser:

Account Number: _____

Account and Contact Name: _____

City, State: _____

Patient Name: _____

Patient Medicaid #: _____

PO #: _____

Model name: _____

Serial Number*: _____

*If this is a RIC or open fit model, please mark the following:

Receiver/Tubing Size & Side** _____

cShell/SlimTip/xShell SN#** _____

** (please note: these items may incur additional charges)

Original Invoice #: _____

Warranty Expiration: _____

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 Phonak, Inc."

Notary Public Stamp

Notary Public Signature

Date

(Signature/Date)

(Signature, Dispensing Agent/Date)