SIEMENS

Siemens Loss/Damage Replacement Purchase Form

Loss/Damage Replacement Purchase Instructions

Submit the following to Siemens Hearing Instruments:

1. Completed form signed by the patient or patient's representative and the Audiologist or Hearing Care Provider.
2. New ear impression(s) if necessary.
3. The damaged hearing instrument(s) if applicable.
4. Audiometric information along with all hearing instrument information.

Warranty Holder

Name _____

Address _____

City _____ State _____ Zip _____

Medicaid ID # _____

Hearing Care Professional

Name _____ Acct# _____ PO# _____

Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

Hearing Instrument Information

Model(s) _____

Serial Number(s) _____

Color (Required field) _____

Cause of Loss/Damage _____

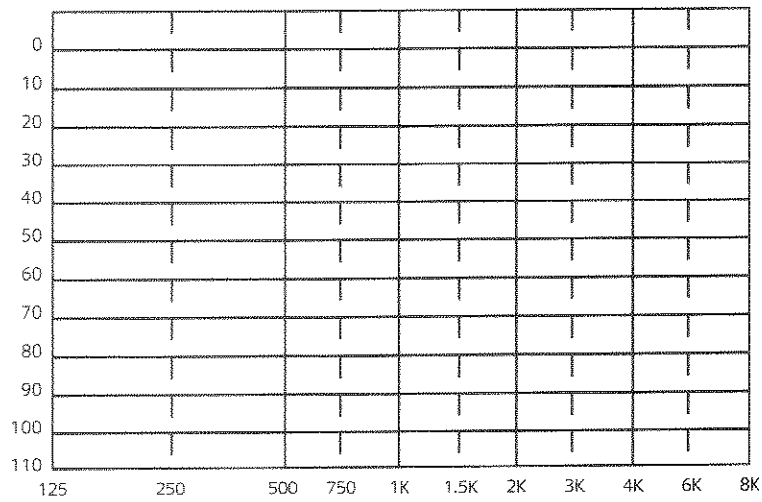
Modification (i.e. MLx, eyeglasses, etc.)

Specify _____

Receiver Type miniReceiver (Click) ☐ 1st Generation ☐

Receiver Side, Strength, and Size (Please select dB and Length)

L	dB	45 ☐	55 ☐	65 ☐	
	Length	0 ☐	1 ☐	2 ☐	3 ☐
R	dB	45 ☐	55 ☐	65 ☐	
	Length	0 ☐	1 ☐	2 ☐	3 ☐



Siemens Loss/Damage Policy

If a hearing instrument is lost or damaged during the original warranty period, then Siemens will replace the product with the exact model/circuit/options/color/side (R/L) as the ORIGINAL hearing instruments. Siemens Loss/Damage replacement is allowed only once per instrument.

A Loss & Damage Form completed by the Hearing Care Professional and the patient with both parties signatures must be mailed (or faxed) to the Siemens Customer Care Department. The serial number of the lost instrument (and a new impression for custom products) must accompany the form. A non-refundable deductible fee will be applied to products replaced under the plan.

Siemens Protection Plan does not apply to TEK, chargers, remote controls or any other accessory. Instruments that have been replaced under the Siemens Protection Plan cannot be returned for credit.

Please note that if a replacement instrument was issued under the Siemens Protection Plan for a lost device and the original instrument is recovered; it will not be eligible for repair or service by Siemens.

Siemens is not responsible for incorrect serial numbers provided on this form.

I certify that the claimed loss or damage did not intentionally occur, and that no attempt has been made to deceive or defraud the company in any manner. I also understand that executing this form will result in a purchase charge for the replacement device and that the replacement device cannot be cancelled once invoiced.

By executing this replacement request, I understand that if the original hearing instrument is recovered and sent to us, we will reclaim that device.

I have read and agree to the Siemens Loss/Damage Policy.

Warranty Holder's Signature _____ Date _____

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