Replacement Claim Form

Your Information

Ship To Information

Customer Number: ☐☐☐☐☐☐☐☐☐☐

(Please complete all information including name & phone number)

Phone #:_____ Purchase Order #:_____

Company Name:_____

Address: _____

City:_____ State:_____ Zip:_____

Bill To Information

Bill To Number: ☐☐☐☐☐☐☐☐☐☐

Fitter's Information

Fitter's Name:_____

Fitter's E-mail:_____

Patient Information

First Name: ☐☐☐☐☐☐☐☐☐☐☐ **Middle Initial:** ☐ **Age:** ☐

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Medicaid Patient: Yes: ☐ **Child**: Yes: ☐ Age _____

Medicaid # _____

Required if applicable

Lost Product Information

Instrument Information

Model: _____

Serial Number: _____

Serial Number: _____

Color: _____

Custom product modifications: ☐ Canal lock ☐ Tamper Resistant Battery Door

☐ Clothing loop ☐ Removal String ☐ Other: _____

Assistive Listening Device:

☐ Transmitter - Serial # _____

☐ Receiver - Serial # _____

RITE Model Accessories

For RITE/ Corda² models if accesories are not selected, none will be sent with replacement instrument.

Speaker: ☐ Standard ☐ Medium ☐ Power ☐ Intiga

Speaker Units:

R	L	Domes:	
☐ 1	☐ 1	☐ 6mm	☐ Power 8mm
☐ 2	☐ 2	☐ 8mm	☐ Power 10mm
☐ 3	☐ 3	☐ 10mm	☐ Power 12mm
☐ 4	☐ 4	☐ Plus	
☐ 5	☐ 5		

Corda² Tube Size: _____ **Corda² Adaptor:** ☐ Yes

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 #: _____

Corda² Mold: ☐ R ☐ L

Streamer: ☐ White ☐ Black

Other: _____

Dispenser/Consumer signatures authorize Oticon to proceed with this claim 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: Oticon Inc.
580 Howard Ave.
Somerset, NJ 08875

Attn: Customer Service
Email to: cs@oticonusa.com

Fax Number: 732-560-7376
Phone: 1-800-526-3921

oticon
PEOPLE FIRST