



# Government Standard Product Repair Form

Date \_\_\_\_\_

Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

**BILL TO:** Account Number \_\_\_\_\_ **SHIP TO:** Account Number \_\_\_\_\_

Facility \_\_\_\_\_ Facility \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

P.O. No \_\_\_\_\_  Amount \_\_\_\_\_

REPAIR  RETURN FOR CREDIT  COLOR EXCHANGE  RECEIVER REPLACEMENT\*  LOSS AND DAMAGE

\*Must include in-warranty RIC serial number

Make and Model \_\_\_\_\_

Left Serial Number \_\_\_\_\_ Right Serial Number \_\_\_\_\_

Left Receiver Serial Number \_\_\_\_\_ Right Receiver Serial Number \_\_\_\_\_

Charger Serial Number \_\_\_\_\_

### USER INFORMATION

MCL \_\_\_\_\_ UCL \_\_\_\_\_

500 Hz \_\_\_\_\_ 1 KHz \_\_\_\_\_ 2 KHz \_\_\_\_\_ 3 KHz \_\_\_\_\_ 4 KHz \_\_\_\_\_

### REASON FOR SERVICE

- Dead  Noisy  Feedback
- Fades  Weak  Intermittent
- Distorted  Tinny  Broken Battery Door
- Damaged Case  Excessive Battery Drain
- AP Receiver Length: Change to \_\_\_\_\_
- Other \_\_\_\_\_
- Sending impression
- Use impression on file

### SERVICE PLAN

- Standard six-month repair warranty

Warranty will be verified upon receipt. Please refer to current Government Repair Price List for details, or contact Customer Service.

ACCESSORY AND REASON FOR SERVICE

SPECIAL INSTRUCTIONS

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AMEX  Discover  Master Card  Visa  Money Order

Name on Card \_\_\_\_\_ Expiration \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Credit Card Security Code \_\_\_\_\_

**Starkey Government Services**

6700 Washington Avenue South, Eden Prairie, MN 55344

**FAX:** 952-828-6974 **VOICE:** 866-418-6928

Contract # 36C79125D0008



# Government Custom Product Repair Form

Date \_\_\_\_\_

Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

**BILL TO:** Account Number \_\_\_\_\_ **SHIP TO:** Account Number \_\_\_\_\_

Facility \_\_\_\_\_ Facility \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

P.O. No \_\_\_\_\_  Amount \_\_\_\_\_

REMAKE  REPAIR  RETURN FOR CREDIT  LOSS AND DAMAGE

Make and Model \_\_\_\_\_

Left Serial Number \_\_\_\_\_ Right Serial Number \_\_\_\_\_

Charger Serial Number \_\_\_\_\_

### SHELL MODIFICATION

### USER INFORMATION

MCL \_\_\_\_\_ UCL \_\_\_\_\_

500 Hz \_\_\_\_\_ 1 KHz \_\_\_\_\_ 2 KHz \_\_\_\_\_ 3 KHz \_\_\_\_\_ 4 KHz \_\_\_\_\_

- Hurts Where Marked
- Loose Fit (Need new impressions)
- Problem Areas Marked (Mark impressions)
- Increase Vent
- Other \_\_\_\_\_
- Sending impression
- Use impression on file
- Too Tight (Need new impressions)
- Shorten Canal (Need new impressions)
- Decrease Vent
- Add or Remove Option \_\_\_\_\_

### REASON FOR SERVICE

- Dead
- Intermittent
- Fades
- Tinny
- Weak
- Noisy
- Distortion
- Change Matrix to \_\_\_\_\_
- Excessive Battery Drain
- Other \_\_\_\_\_

### SERVICE PLAN

Standard six-month repair warranty

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