LOSS/DAMAGE REPLACEMENT PURCHASE FORM

Use mySignia for fast and accurate service TEL: (800) 766-4500 FAX: (732) 562-6683

Loss/Damage Replacement Purchase Instructions. Submit the following to Signia Hearing Instruments:

1. Completed form signed by the patient or patient's representative and the Audiologist or Hearing Care Professional.
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	Address:		
City	State	Zip	Phone
Acct#	PO#		Signature

Hearing Instrument Information
Model(s):
Serial Number(s):
Color (Required field):
Cause of Loss/Damage:
Modification (i.e. MLx, eyeglasses, etc.) Specify:

Hearing Thresholds	500hz	1000hz	2000hz	3000hz	4000hz
R					
L					

Charger Information (Charges may apply)
Model(s):
Serial Number(s):

Receiver Side		Strength	Length
miniReceiver 2.0	**R** ☐	S ☐ M ☐ P ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4* ☐
	L ☐	S ☐ M ☐ P ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4* ☐
RIC 3.0 receiver	**R** ☐	S ☐ M ☐ P ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
	L ☐	S ☐ M ☐ P ☐	0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

*M-Receiver only.

Signia Loss/Damage Policy

Signia will replace instrument(s) with the exact model/circuit/options/color/side (R/L) as the ORIGINAL hearing instrument(s) or charger; once during the original warranty period if lost or damaged.

A Loss & Damage Form completed by the Hearing Care Professional and the patient with both parties' signatures must be mailed (or faxed) to the Signia's Customer Care team for processing. A new impression for custom products should accompany the form if necessary. A non-refundable processing fee will be applied to products replaced under this plan. Signia's Protection Plan does not apply to any remote controls, chargers or other accessories. Instruments that have been replaced under the Signia Protection Plan cannot be returned for credit.

Please note that if a replacement instrument was issued under the Signia Protection Plan for a lost device and the original instrument is recovered, it will not be eligible for repair or service by Signia. Signia 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 Signia Loss/Damage Policy.

Warranty Holder's Signature _____ Date _____