## RETURN FOR CREDIT FORM



We trust that you find your order satisfactory. However, should you need to return any item(s), please complete this form to ensure immediate processing. Credit will only be issued if product is accompanied by this form.

Bill To								Ship To				
Bill To Account Info								Ship To Accour	nt Info			
Name								Name				
Address								Address				
Email / Phone								Email / Phone				
Patient Information								HCP Contact Ir	nformation			
Name								Name				
Produ	ıct Info	ormation	n									
Orde	r/Invo	ice Nun	nber									
			Hearing Aid Left	Hearing Aid Right	Charger		r	Accessory	Accessory StreamLive		Receiver Left	Receiver Right
Model												
Serial	Numb	er										
Streng	gth											
Lengt	1											
Retur	n Reas	ons										
Retur	n Reas		t Related					Connectivity Relate	ed		Administrativ	e
Retur		Patient	t Related : insufficient (CR01)				R	Connectivity Related				e:kaging (CR06)
	R Reas	<b>Patient</b> Benefit					R	Connectivity Relate Cannot Charge (C2 Cannot Program (C.	2)		R Damaged pac	
	R	Patient Benefit Financi	insufficient (CR01)	olification (CRO3)				Cannot Charge (C2	2)		Damaged pace     Wrong Product	kaging (CR06)
	R R	Patient Benefit Financi Canno	ial concern (CRO2)				R	Cannot Charge (C2	2)		Damaged pace     Wrong Product	ckaging (CR06)
	R R	Patient Benefit Financi Canno Patient	insufficient (CR01) ial concern (CR02) t tolerate device/amp		04B)		R	Cannot Charge (C2	2)		Damaged pace     Wrong Product	ckaging (CR06)
	R R R	Patient Benefit Financi Canno Patient Patient	insufficient (CR01) ial concern (CR02) t tolerate device/amp	ufacturer (CRO4)	04B)		R	Cannot Charge (C2	2)		Damaged pace     Wrong Product	ckaging (CR06)
	R R R	Patient Benefit Financi Canno Patient Patient	insufficient (CR01) ial concern (CR02) t tolerate device/amp preferred other manu preferred other instru	ufacturer (CRO4)	)4B)		R	Cannot Charge (C2	2)		Damaged pace     Wrong Product	ckaging (CR06)
If the evalua	R R R R	Patient Benefit Financi Canno Patient Patient Illness	tinsufficient (CR01) ial concern (CR02) t tolerate device/amp preferred other manu preferred other instru or death (CR05)  ave been worn, pleasesence of a hearing ca	ufacturer (CRO4)	e returne hearing	d hear	R R	Cannot Charge (C2 Cannot Program (C Bluetooth Issue (C23	2) 23) 3B) espective user or	nly as p	Damaged pace Wrong Produce Wrong Device	ckaging (CR06) ct Delivered (CR07) Ordered (CR08)
If the evalua	R R R R	Patient Benefit Financi Canno Patient Patient Illness	t insufficient (CR01) ial concern (CR02) t tolerate device/amp preferred other manu preferred other instru or death (CR05)  ave been worn, please esence of a hearing ca used, do not select the	ufacturer (CRO4) ument/exchange (CRO e indicate whether the	e returne hearing	d hear	R R	Cannot Charge (C2 Cannot Program (C Bluetooth Issue (C23	2) 23) 8B)  espective user or scope of a bona	nly as p	Damaged pace Wrong Produce Wrong Device	ckaging (CR06) ct Delivered (CR07) Ordered (CR08)
If the evaluathe he	R R R R nearing	Patient Benefit Financi Canno Patient Patient Illness g aids ha the preaids are	t insufficient (CR01) ial concern (CR02) t tolerate device/amp preferred other manu preferred other instru or death (CR05)  ave been worn, please essence of a hearing ca used, do not select th	ufacturer (CRO4)  ument/exchange (CRO  e indicate whether the are professional. If the are bona fide evaluation	e returne hearing n box.	d hear	R R	Cannot Charge (C2 Cannot Program (C2 Bluetooth Issue (C23 Is were worn by a progen worn outside the s	2) 23) BB)  Dispective user or accope of a bona	nly as pfide ev	Damaged pace Wrong Produce Wrong Device  Dart of a bona fide head	ckaging (CR06) ct Delivered (CR07) Ordered (CR08)  ering aid selection aids are "used." If

Submit to: WSA Operations, 185 Commerce Drive, Hauppauge, NY, 11788

"Used hearing aids" means any hearing aid that has been worn for any period of time by a user. However, a hearing aid shall not be considered "used" merely because it has been worn by a prospective user as part of a bona fide hearing aid evaluation conducted to determine whether to select that particular hearing aid for that prospective user, if such evaluation has been conducted in the presence of the dispenser or a hearing aid health professional selected by the dispenser to assist the buyer in making

Please refer to the most current edition of the Signia Price & Policy Guide for more information on the Signia Credit Return Policy.

such a determination. 21 C.F.R. §801.420(a)(6).