

# 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	
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## Bill To Account Info

Name	
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Address	
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Email / Phone	
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## Patient Information

Name	
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Ship To	
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## Ship To Account Info

Name	
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Address	
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Email / Phone	
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## HCP Contact Information

Name	
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## Product Information

Order/Invoice Number							
	Hearing Aid Left	Hearing Aid Right	Charger	Accessory	StreamLive TV	Receiver Left	Receiver Right
Model							
Serial Number							
Strength							
Length							

## Return Reasons

Patient Related		Connectivity Related		Administrative	
<input type="checkbox"/> <input type="checkbox"/>	Benefit insufficient (CR01)	<input type="checkbox"/> <input type="checkbox"/>	Cannot Charge (C22)	<input type="checkbox"/> <input type="checkbox"/>	Damaged packaging (CR06)
<input type="checkbox"/> <input type="checkbox"/>	Financial concern (CR02)	<input type="checkbox"/> <input type="checkbox"/>	Cannot Program (C23)	<input type="checkbox"/> <input type="checkbox"/>	Wrong Product Delivered (CR07)
<input type="checkbox"/> <input type="checkbox"/>	Cannot tolerate device/amplification (CR03)	<input type="checkbox"/> <input type="checkbox"/>	Bluetooth Issue (C23B)	<input type="checkbox"/> <input type="checkbox"/>	Wrong Device Ordered (CR08)
<input type="checkbox"/> <input type="checkbox"/>	Patient preferred other manufacturer (CR04)				
<input type="checkbox"/> <input type="checkbox"/>	Patient preferred other instrument/exchange (CR04B)				
<input type="checkbox"/> <input type="checkbox"/>	Illness or death (CR05)				

If the hearing aids have been worn, please indicate whether the returned hearing aids were worn by a prospective user only as part of a bona fide hearing aid selection evaluation in the presence of a hearing care professional. If the hearing aids have been worn outside the scope of a bona fide evaluation, the hearing aids are "used." If the hearing aids are used, do not select the bona fide evaluation box.	
<input type="checkbox"/> Bona Fide Evaluation	<input type="checkbox"/> Bona Fide Evaluation
Signature acknowledges that the returned hearing aids were worn only during a bona fide hearing aid selection evaluation in the presence of a dispenser or hearing aid health professional.	
Signature	

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

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

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