

# eStore User Guide



# eStore User Guide

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**BROWSER USE:**

*For your most efficient experience, it is recommended to use either Chrome or Edge as your browser when using starkeypro.com*

## Get Started

**Login** – Login into your prosite with your email address and password. Check the box next to **Keep me signed in**.

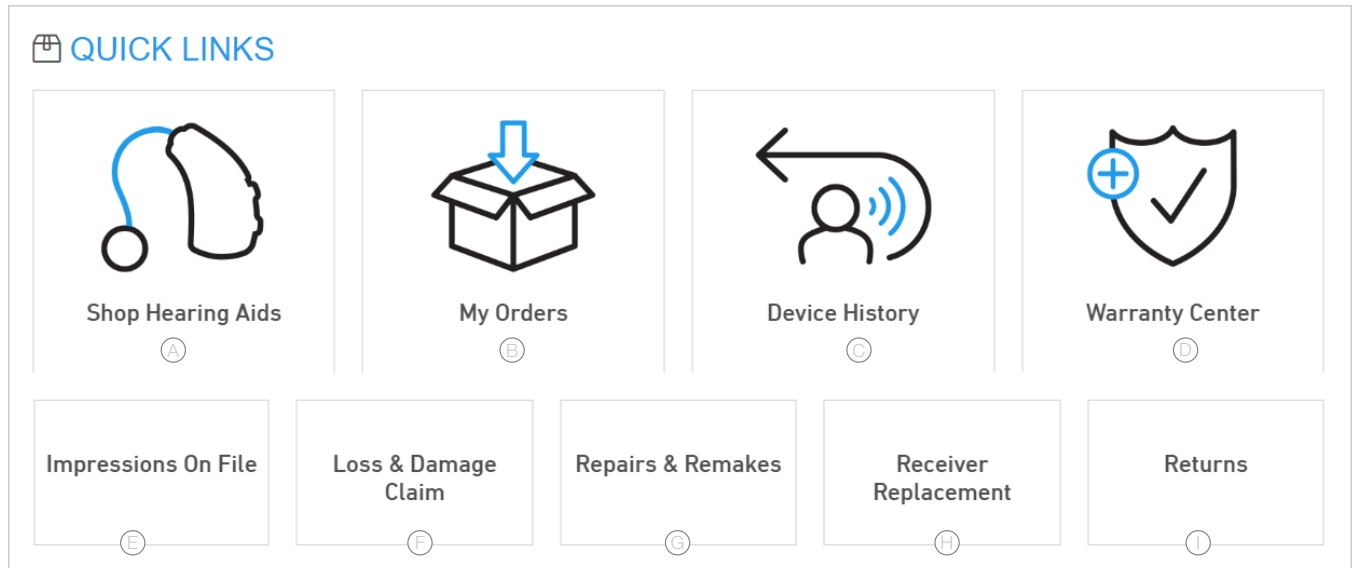
**Profile Guide** – Gives you the ability to change location, view your profile info, view account preferences, and view your contacts.

## Navigation

**Home Tab** – Provides featured updates as well as product availability.

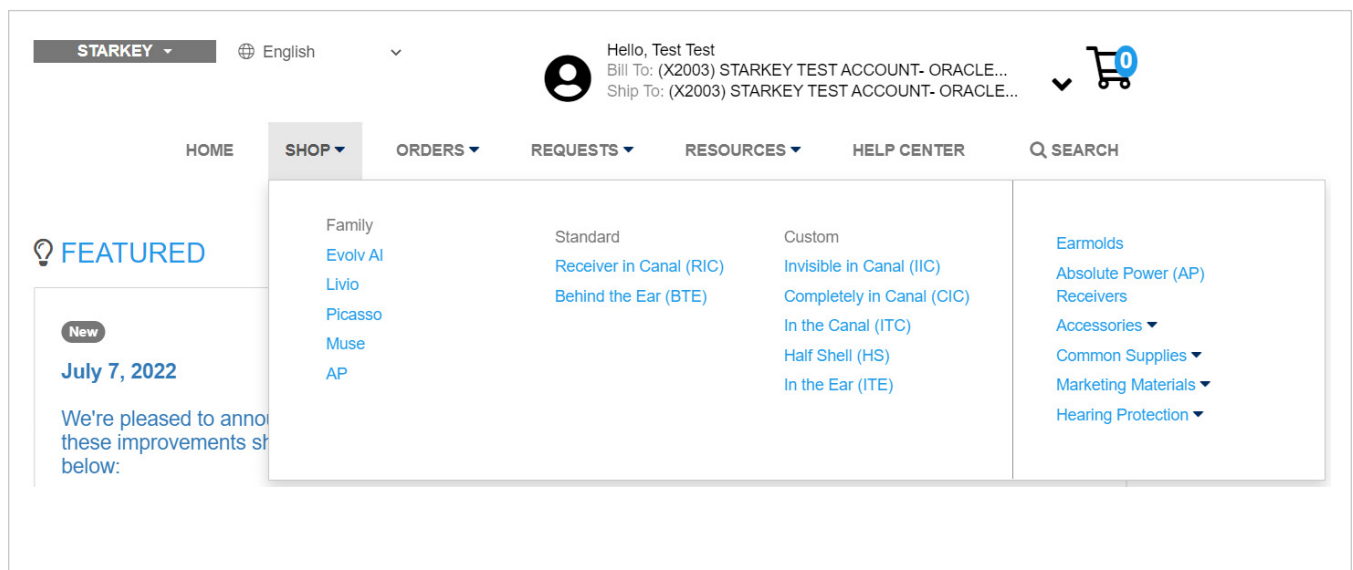
PRODUCT	AVAILABILITY	LATEST UPDATES
<b>Receivers</b>		
SnapFit 2.0 Kit	Not Available	Due to fluctuating receiver supply, we will not be fulfilling RIC Kit orders at this time
SnapFit 2.0 L (40 Gain) Receivers	Limited	Some lengths may be in short supply, they will be substituted for the same length M gain receiver
SnapFit 2.0 M (50 Gain) Receivers	Available	
SnapFit 2.0 P (60 Gain) Receivers	Limited	Some lengths may be in short supply, they will be substituted for the nearest length receiver
<b>Hearing Aids</b>		
All Genesis AI Hearing Aids	Available	
<b>Genesis AI Chargers</b>		
Premium Custom Charger (with on-board battery)	Available	
All other chargers	Available	
<b>Evolv AI Chargers</b>		
Premium Custom Charger (with on-board battery)	Available	
All other chargers	Available	
<b>StarLink Accessories</b>		
StarLink Remote Control	Limited	Some orders are shipping. Supply expected to return to normal in June.
All other StarLink Accessories	Available	
<b>2.4 GHz Accessories</b>		

# Navigation



## Quick Links:

- (A) Shop Hearing Aids**
- (B) My Orders**  
Check order status.
- (C) Device History**  
Confirm device history, device options, confirm scan on file, and more.
- (D) Warranty Center**  
Register a standard product or Print warranty information.
- (E) Impressions on File**  
Confirm impressions on file using serial number.
- (F) Loss & Damage Claim**  
Submit an L&D claim.
- (G) Repairs & Remakes**  
Fill out repair / remake form.
- (H) Receiver Replacement**  
Replace receivers for hearing aids that are under warranty.
- (I) Returns**  
Fill out return form to print and include with devices.



**Shop Tab** – Shop for hearing aids, earmolds, AP molds, accessories, common supplies, marketing materials, and hearing protection

# Navigation

## Orders Tab

- Order History – check the status of your orders
- Order Center – access to paper order forms

## Requests Tab

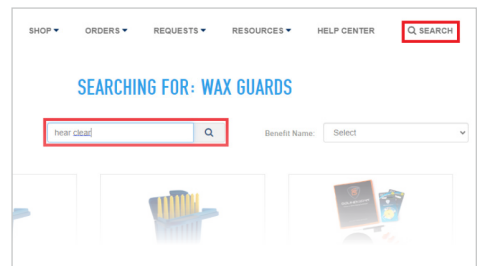
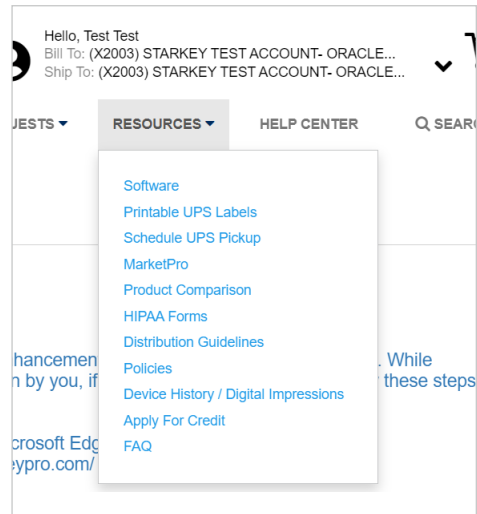
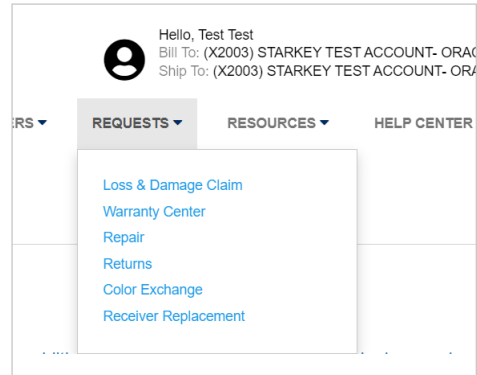
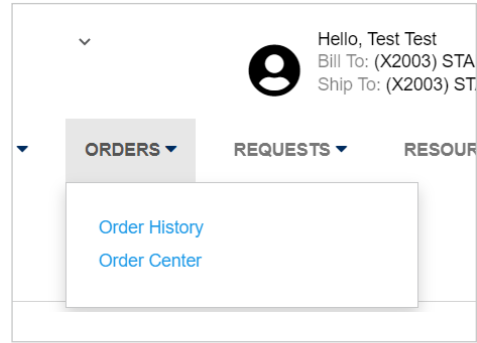
- Loss & Damage Claim – submit an L&D claim
- Warranty Center – register a standard product, add warranty, and print warranty information
- Repair / Remake – fill out and print off repair / remake form
- Returns – fill out and print off return for credit form
- Color Exchange – fill out and print off color exchange form
- Receiver Replacement – submit request for replacement receivers for hearing aids under warranty

## Resources Tab

- Software – provides a link to download the latest Inspire X programming software
- Printable UPS Labels – print UPS labels to send packages to MEH Fulfillment Center
- Schedule UPS Pickup – schedule a one-time pickup from UPS
- MarketPro
- Product Comparison
- HIPAA Forms
- Distribution Guidelines
- Policies
- Device History – confirm warranty, purchase date, device options, scan history, and more
- Apply for Credit
- FAQ

## Search Bar

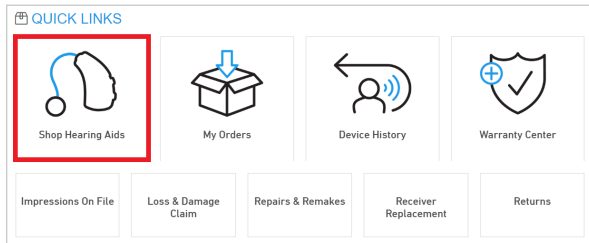
- Use the search bar to enter key words or part numbers to locate items in the eStore
- If you enter a part number or key word and it does not pull up any results, the item you are looking for is likely not available to order through the eStore



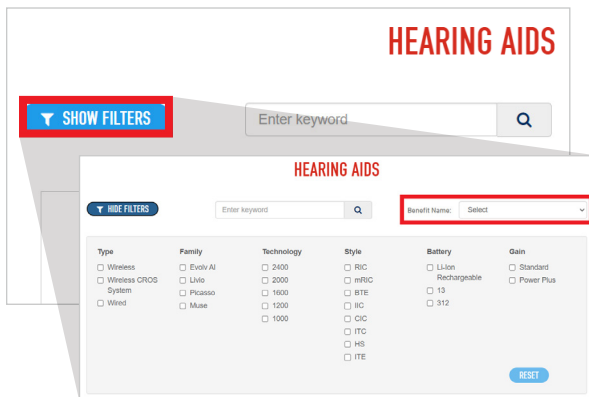
# Placing Orders

## Ordering RIC / BTE Hearing Aids

1. Select **Shop Hearing Aids** under **Quick Links** on the home page to purchase hearing aids. You can also start an order under the **Shop tab**.



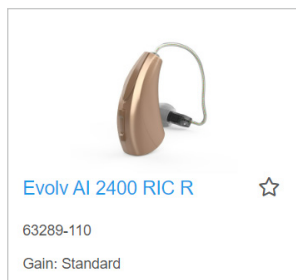
2. Select **Show Filters** to choose the device you are looking for.



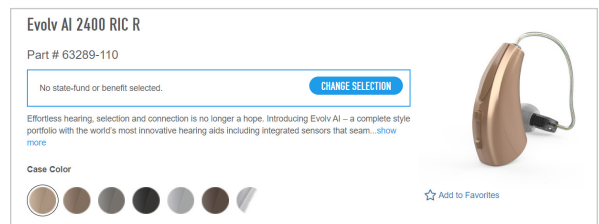
3. Filter out the device you are looking for by Type, Family, Technology, Style, Battery and Gain.

**NOTE:** If ordering under a benefit (such as Medicaid), make sure to make that selection here

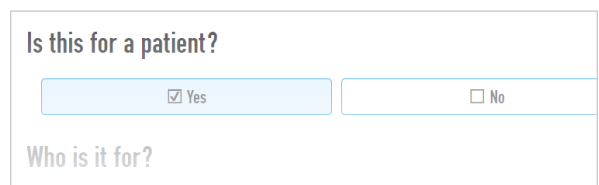
4. After filtering out the product you want, select the picture of the device to get to the order form.



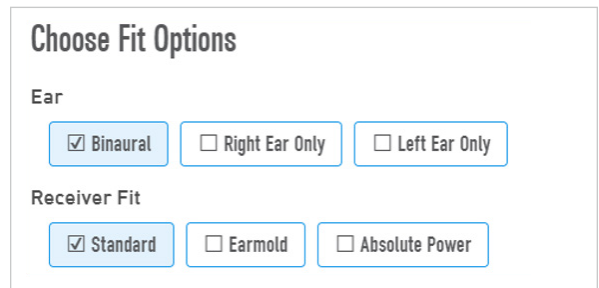
5. Select the color of the device.



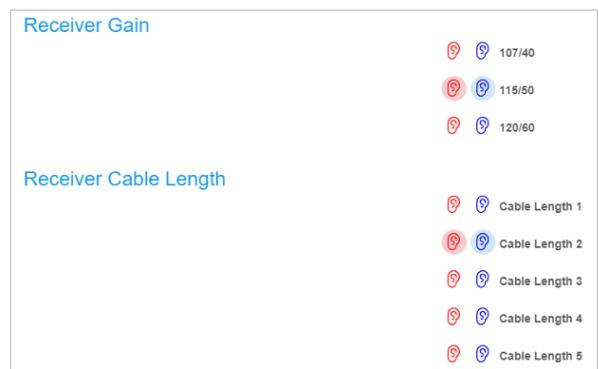
6. If the order is for a patient, enter the patient's first name, last name, and age range.



7. Choose options under 'Ear' and 'Receiver Fit' sections.

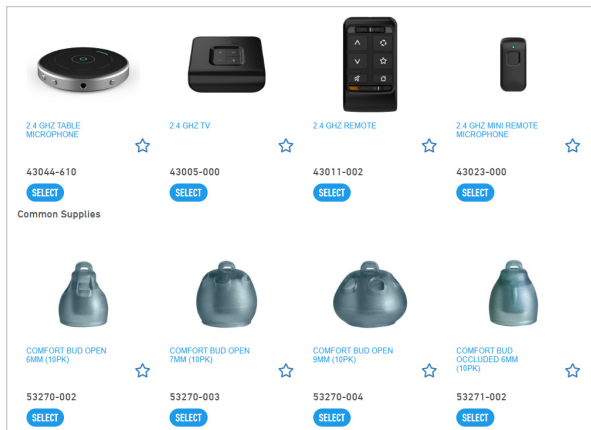


8. Choose Receiver Gain and Receiver Cable Length by clicking on the red and blue "ear" icons. Red icon is for the Right Ear and blue icon is for the Left Ear.



# Placing Orders

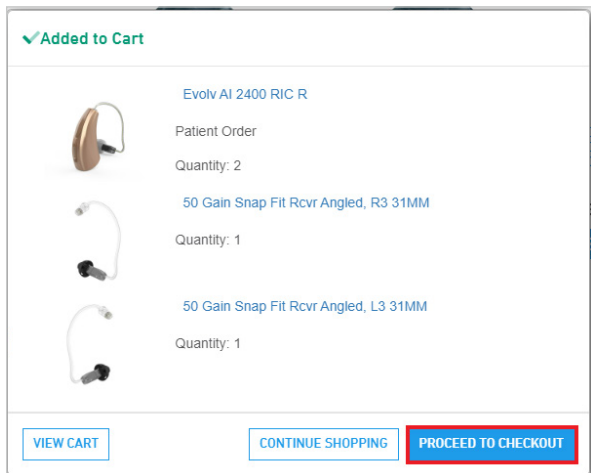
- Add any additional accessories or common supplies to the order, as needed.



- Next, under the warranty section, add additional warranty if needed.

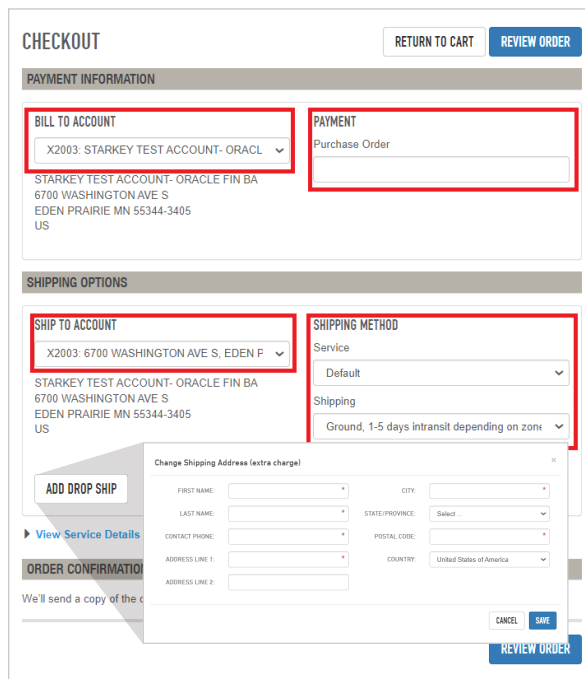


- Select **Add to Cart** and **Proceed to Checkout**.



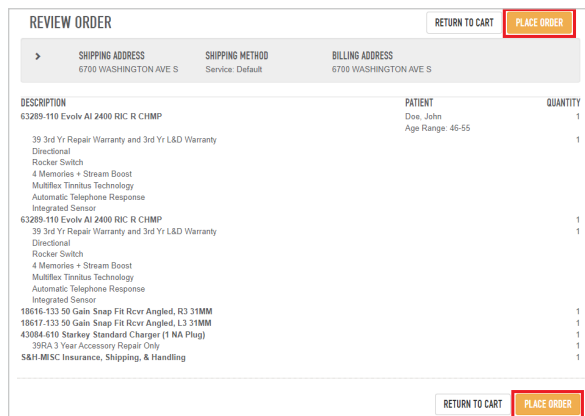
- In the checkout confirm Bill to, Ship to, Purchase Order Number (if it applies), Rush Service (if needed), and Shipping Method.

**Note:** If you are ordering under a third party billing account, this is where you change the Bill to account and add the PO number (If third party Bill to account is not under the Bill to account dropdown, call Customer Service Prosite Team to get it added).



- Select **Add Drop Ship** to enter address information to ship the order directly to a patient, or to an address that is not associated with a Ship to account.

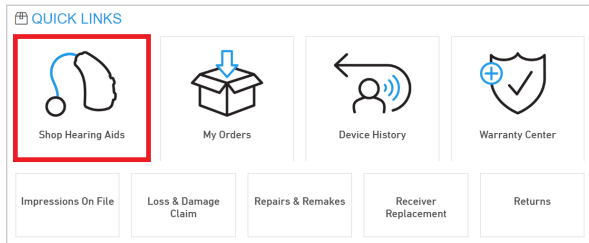
- Review order and select **Place Order**. A confirmation email will be sent to the email address of the user that is logged in.



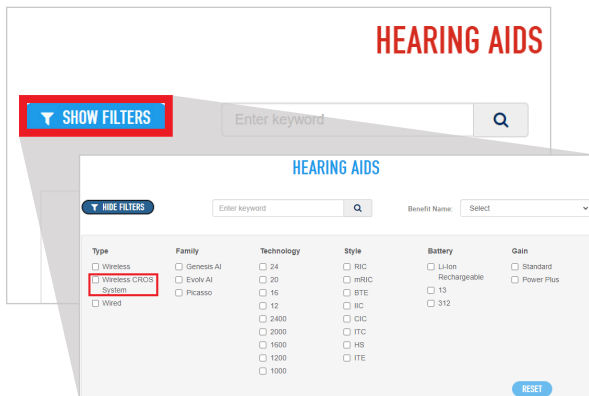
# Placing Orders

## CROS Ordering

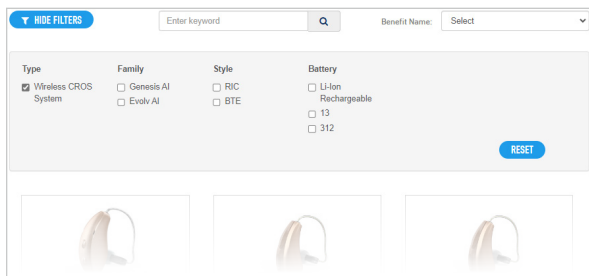
1. Select **Shop Hearing Aids** under **Quick Links** on the home page to purchase hearing aids. You can also start an order under the **Shop tab**.



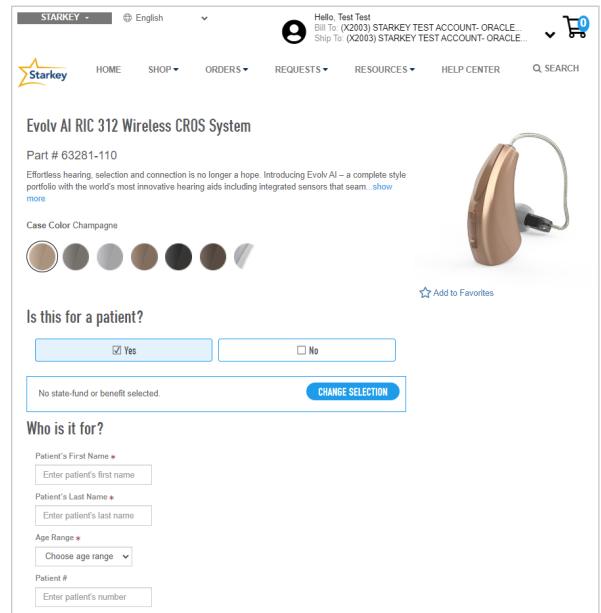
2. Select **Show Filters** to choose the device you are looking for.
3. Start by selecting **Wireless CROS System**.



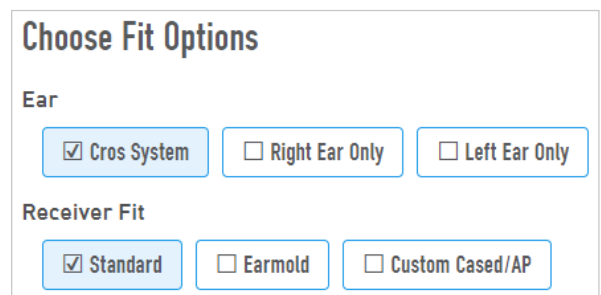
4. Select the CROS System you are looking for from the displayed options.



5. Once you are in the order form, select the case color and always select **yes** under **“Is this for a patient?”**. Everything with a red star next to it is a required field, fill out those sections.



6. Under **Fit Options** select **Ear and Receiver Fit** options. If you chose right or left ear only, you will be prompted to input the serial number of the device the CROS will be paired with.





# Placing Orders

7. Next, fill out the **Product Options** section. If you select an earmold or a custom cased / AP, you will be prompted to fill out the **Send Impressions** and **Audiogram** sections, as well as the earmold options.

**Product Options**

**CROS System**

CROS Transmitter

Hearing Aid

Hearing Aid Technology \*

Evolv AI 2400 RIC 312

**User Controls**

Rocker Switch

4 Memories + Stream Boost

**Lifestyle Solutions**

Integrated Sensor

Directional

Multiflex Tinnitus Technology

Automatic Telephone Response

**Receiver Gain**

107/40

115/50

120/60

**Receiver Cable Length**

No Receiver

Cable Length 1

Cable Length 2









Cable Length 3

Cable Length 4

Cable Length 5

8. Add any additional accessories or common supplies to the order, as needed.

**Common Supplies**

 2.4 GHz TABLE MICROPHONE 43044-610 <input type="button" value="SELECT"/>	 2.4 GHz TV 43005-000 <input type="button" value="SELECT"/>	 2.4 GHz REMOTE 43011-002 <input type="button" value="SELECT"/>	 2.4 GHz MINI REMOTE MICROPHONE 43023-000 <input type="button" value="SELECT"/>
 COMFORT RUID OPEN 6MM (10PK) 53270-002 <input type="button" value="SELECT"/>	 COMFORT RUID OPEN 7MM (10PK) 53270-003 <input type="button" value="SELECT"/>	 COMFORT RUID OPEN 8MM (10PK) 53270-004 <input type="button" value="SELECT"/>	 COMFORT RUID OCCLUDED 6MM (10PK) 53271-002 <input type="button" value="SELECT"/>

9. Next, under the warranty section, add additional warranty, if needed.




**Warranty**

ADD 1 YEAR EXTENDED WARRANTY

ADD 2 YEARS EXTENDED WARRANTY

10. Next, select **Add to Cart** and **Proceed to Checkout**.

**Added to Cart**

	Evolv AI 2400 RIC R Patient Order Quantity: 2
	50 Gain Snap Fit Rcvr Angled, R3 31MM Quantity: 1
	50 Gain Snap Fit Rcvr Angled, L3 31MM Quantity: 1

# Placing Orders

11. In the checkout confirm Bill to, Ship to, Purchase Order Number (if it applies), Rush Service (if needed) and Shipping Method

**Note:** *If you are ordering under a third-party billing account, this is where you change the Bill to account and add the PO number (If third party Bill to account is not under the Bill to account dropdown, call Customer Service Prosite Team to get it added).*

The screenshot shows the checkout process with the following sections:

- CHECKOUT** header with **RETURN TO CART** and **REVIEW ORDER** buttons.
- PAYMENT INFORMATION** section:
  - BILL TO ACCOUNT:** X2003: STARKEY TEST ACCOUNT- ORACL (highlighted with a red box). Below it is the address: STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE MN 55344-3405, US.
  - PAYMENT:** Purchase Order (highlighted with a red box).
- SHIPPING OPTIONS** section:
  - SHIP TO ACCOUNT:** X2003: 6700 WASHINGTON AVE S, EDEN P (highlighted with a red box). Below it is the address: STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE MN 55344-3405, US.
  - SHIPPING METHOD:** Service (Default), Shipping (Ground, 1-5 days intransit depending on zone) (highlighted with a red box).
- ADD DROP SHIP** button.
- View Service Details** link.
- ORDER CONFIRMATION** section with a note: "We'll send a copy of the order for y".
- Change Shipping Address (extra charge)** modal form with fields for: FIRST NAME, LAST NAME, CONTACT PHONE, ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE/PROVINCE, POSTAL CODE, and COUNTRY (United States of America).
- CANCEL** and **SAVE** buttons for the modal.

12. Review order and select **Place Order**.  
A confirmation email will be sent to the email address of the user that is logged in.

The screenshot shows the review order page with the following details:

- REVIEW ORDER** header with **RETURN TO CART** and **PLACE ORDER** buttons.
- Summary table:

SHIPPING ADDRESS	SHIPPING METHOD	BILLING ADDRESS
6700 WASHINGTON AVE S	Service Default	6700 WASHINGTON AVE S
- Order items table:

DESCRIPTION	PATIENT	QUANTITY
63276-110 Evolv AI 2400 RIC 312 CHMP	m, d Age Range: 18-25	1
39 3rd Yr Repair Warranty and 3rd Yr L&D Warranty		1
Directional		
Rocker Switch		
Hearing Aid		
4 Memories + Stream Boost		
Multiflex Tinnitus Technology		
Automatic Telephone Response		
Integrated Sensor		
63281-110 Evolv AI CROS RIC 312 CHMP		1
39 3rd Yr Repair Warranty and 3rd Yr L&D Warranty		1
Directional		
Rocker Switch		
CROS Transmitter		
4 Memories + Stream Boost		
18610-132 40 Gain SnapFit Rcvr R2 2TMM		1
18635-131 Non-Func. SnapFit CROS Rcvr Angled L1 (23MM)		1
5&H-MISC Insurance, Shipping, & Handling		1
- RETURN TO CART** and **PLACE ORDER** buttons at the bottom.

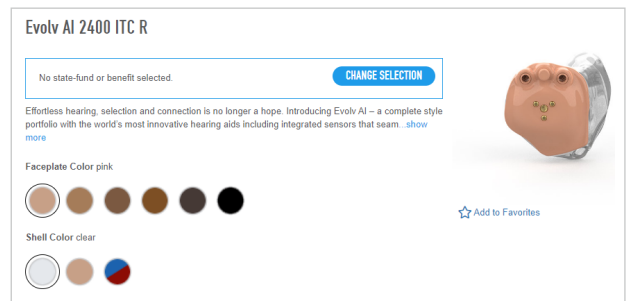
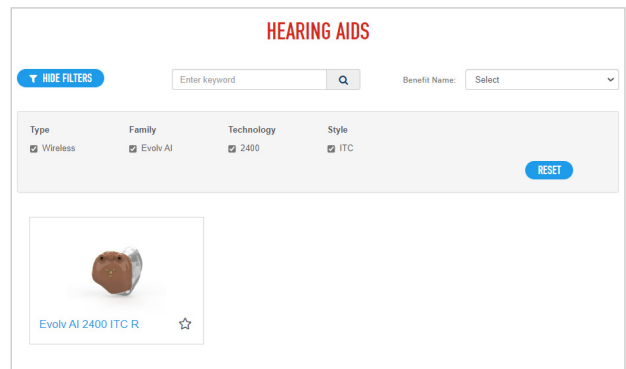
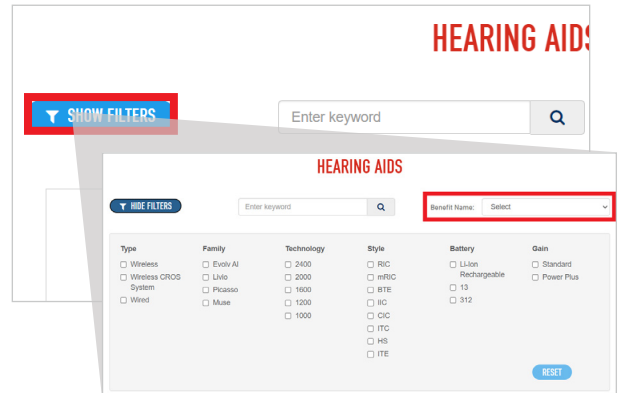
# Placing Orders

## Ordering Custom Hearing Aids

1. Select **Shop Hearing Aids** under **Quick Links** on the home page to purchase hearing aids. You can also start an order under the **Shop tab**.
2. Select **Show Filters** to choose the device you are looking for.
3. Filter out the device you are looking for by Type, Family, Technology, Style, Battery and Gain.

**NOTE:** If ordering under a benefit (such as Medicaid), make sure to make that selection here.

4. After filtering out the product you want, select the picture of the device to get to the order form.
5. Select faceplate and shell color.
6. Fill out patient first name, last name, age range, patient # (Medicaid number if applies), and if they have worn hearing aids before.
7. Choose **Binaural, Right Ear Only** or **Left Ear Only**.



### Who is it for?

Patient's First Name \*

Patient's Last Name \*

Age Range \*

Patient #

Have they worn hearing aids before?

Yes  No

## Placing Orders

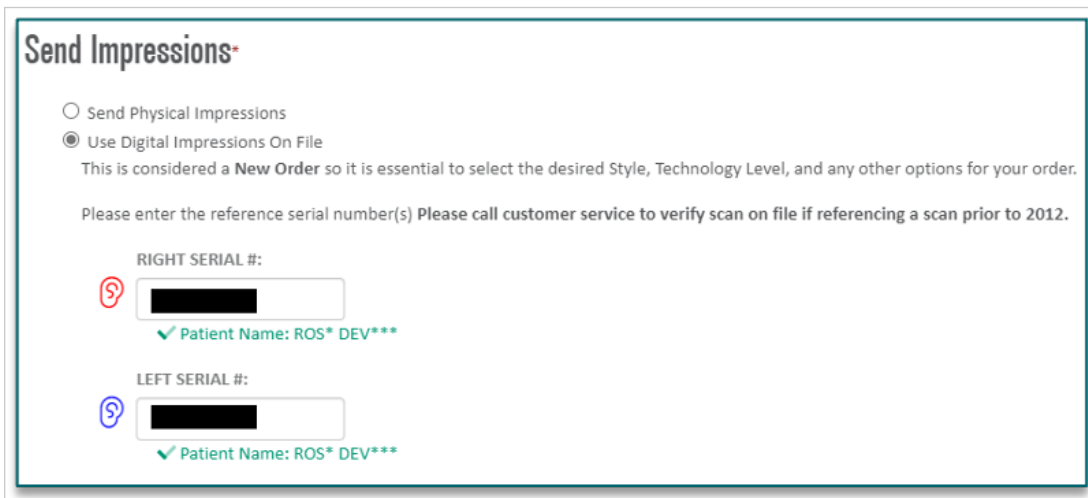
8. Select how you would like to send impressions.
- Send in Physical Impressions** – include physical impressions with order form which you will print out at the end of your order.
  - Use Digital Impressions on File** – Enter serial number of device that has a scan on file, confirmed by a green check mark, and submit order using digital impressions on file.



**Send Impressions\***

- Send Physical Impressions
- Use Digital Impressions On File
- Direct ear scan
- Attach Digital Impressions

**NOTE:** For impressions stored on the eStore from previous orders, choose Use Digital Impressions on File.



**Send Impressions\***

- Send Physical Impressions
- Use Digital Impressions On File

This is considered a **New Order** so it is essential to select the desired Style, Technology Level, and any other options for your order.

Please enter the reference serial number(s) Please call customer service to verify scan on file if referencing a scan prior to 2012.

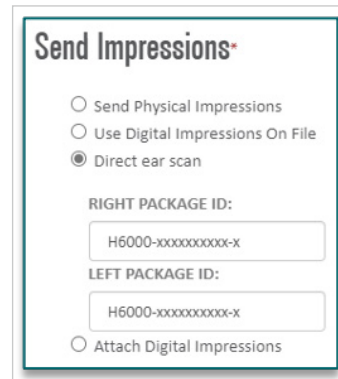
RIGHT SERIAL #:

✓ Patient Name: ROS\* DEV\*\*\*

LEFT SERIAL #:

✓ Patient Name: ROS\* DEV\*\*\*

- Direct Ear Scan**  
Obtain package ID from Otometrics Otocloud and submit order using package ID (specific scanning equipment required).
- Attach Digital Impressions** – Attach a digital file (accepted file types are .ASC, .HPS and .STL) and submit order using digital impressions.

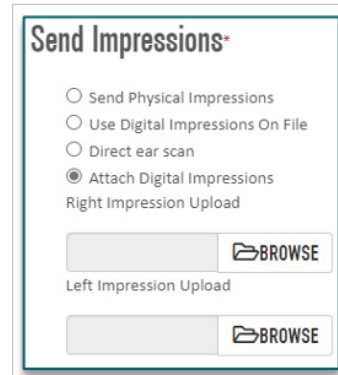


**Send Impressions\***

- Send Physical Impressions
- Use Digital Impressions On File
- Direct ear scan
- Attach Digital Impressions

RIGHT PACKAGE ID:

LEFT PACKAGE ID:



**Send Impressions\***

- Send Physical Impressions
- Use Digital Impressions On File
- Direct ear scan
- Attach Digital Impressions

Right Impression Upload

Left Impression Upload

# Placing Orders

- Fill out patient audiogram, as well as speech MCL and UCL (if available).

**Audiogram**

**Right Ear** (Red icon)

AC	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
BC										

*After entering a threshold value press "r" to add or remove "No Response" to the entered threshold*

**Left Ear** (Blue icon)

AC	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
BC										

*After entering a threshold value press "l" to add or remove "No Response" to the entered threshold*

**Speech MCL**

Right (dB):  Binaural (dB):  Left (dB):

**Speech UCL**

Right (dB):  Binaural (dB):  Left (dB):

- Under **Custom Options**, allow the manufacturer to choose the best option for receiver gain and vent by selecting 'Yes.' If you wish to configure this on your own, choose 'No.'

**NOTE:** It is recommended to allow the manufacturer to determine the best needs for your patient based on the information entered.

**Custom Options**

**Manufacturer Select**

Do you want us to choose the best options for you? ⓘ

Yes  No

- If you chose 'No' under **Manufacturer Select**, then choose the receiver gain and venting you would like.

**Custom Options**

**Manufacturer Select**

Do you want us to choose the best options for you? ⓘ

Yes  No

**Right Ear** (Red icon)

GAIN:  VENT:

**Left Ear** (Blue icon)

GAIN:  VENT:

- Under **Product Options**, select the **User Controls** (by clicking on the "ear" icon), **Lifestyle Solutions**, **Wax Protection** and **General Options**.

**NOTE:** Red icon is for the Right Ear. Blue icon is for the Left Ear.

**User Controls**

- No User Control
- Digital Rotary
- Push Button
- Digital Rotary + Push Button
- ✓ 4 Memories + Stream Boost

**Lifestyle Solutions**

- Directional Microphone
- (Directionality may update matrix)
- ✓ Integrated Sensor
- ✓ Multiflex Tinnitus Technology
- ✓ Automatic Telephone Response

**Wax Protection**

- Hear Clear
- Extended Receiver Tube

**General**

- Removal Handle
- Removal Notch
- Dull/Matte Finish

**Included Accessories**

- ✓ Custom Charger (without on-board battery)

- Add special instructions, if needed, and then select **Add to Cart**.

Please make as shallow as possible

**ADD TO CART**

- Proceed to **Checkout**.

✓ **Added to Cart**

**Evolv AI 2400 ITE R**

Patient Order

Quantity: 2

**VIEW CART** **CONTINUE SHOPPING** **PROCEED TO CHECKOUT**

# Placing Orders

- In the checkout, confirm Bill to, Ship to, Purchase Order Number (if it applies), Rush Service (if needed) and Shipping Method.

**NOTE:** *If you are ordering under a third-party billing account, this is where you change the Bill to account and add the PO number (If third party Bill to account is not under the Bill to account dropdown, call Customer Service Prosrite Team to get it added).*

The screenshot shows a checkout page with the following sections:

- CHECKOUT** header with "RETURN TO CART" and "REVIEW ORDER" buttons.
- PAYMENT INFORMATION** section:
  - BILL TO ACCOUNT:** X2003: STARKEY TEST ACCOUNT- ORACL (dropdown), STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE MN 55344-3405, US.
  - PAYMENT:** Purchase Order (input field).
- SHIPPING OPTIONS** section:
  - SHIP TO ACCOUNT:** X2003: 6700 WASHINGTON AVE S, EDEN P (dropdown), STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE MN 55344-3405, US.
  - SHIPPING METHOD:** Service: Default (dropdown), Shipping: Ground, 1-5 days intransit depending on zone (dropdown).
- ORDER CONFIRMATION** section: "We'll send a copy of the order for your records to: cs\_prosite@starkey.com".

- Review order and select **Place Order**. A confirmation email will be sent to the email address of the user logged in.

The screenshot shows a review order page with the following details:

- REVIEW ORDER** header with "RETURN TO CART" and "PLACE ORDER" buttons.
- Summary table:
 

SHIPPING ADDRESS	SHIPPING METHOD	BILLING ADDRESS
6700 WASHINGTON AVE S	Service: Default	6700 WASHINGTON AVE S
- Item list table:
 


DESCRIPTION	PATIENT	QUANTITY
<b>63296-SHT Evolv AI 2400 ITE R</b>	Doe, John Age Range: 56-65	1
PVB Push Button VC		1
MMB Multi-Memory Button		1
PNK Pink Faceplate		1
CS Clear Shell		1
HBI Internal Hear Clear Bushing		1
DIR Directional Microphone		1
XM4 4 Memories + Stream Boost		1
36 3rd Yr Repair and L&D Warranty, 1 Yr Remake		1
<b>63296-SHT Evolv AI 2400 ITE R</b>		1
PVB Push Button VC		1
MMB Multi-Memory Button		1
PNK Pink Faceplate		1
CS Clear Shell		1
HBI Internal Hear Clear Bushing		1
DIR Directional Microphone		1
XM4 4 Memories + Stream Boost		1
36 3rd Yr Repair and L&D Warranty, 1 Yr Remake		1
<b>43085-610 Starkey Custom Charger (1 NA plug)</b>		1
36RA 3 Year Accessory Repair Only		1
<b>S&amp;H-MISC Insurance, Shipping, &amp; Handling</b>		1

- Order confirmation numbers explained:
  - Numbers Only.
    - Order has been received and processed, will be visible under My Orders.
  - Order Numbers that start with an "R".
    - Exception orders from eStore sent to customer service team for manual entry, once processed the order will receive a number only order number and will be visible under My Orders.
  - Order Numbers that start with a "W".
    - Custom hearing aid or earmold orders.
      - Using digital impressions for new custom / earmold order.
        - Waiting to be received by design for processing (can take a few hours). Once processed, the order will receive a number only order number and will be visible under My Orders.
      - Using physical impression(s) for new custom / earmold order.
        - Waiting for impressions to arrive. Once the impression(s) arrive and the order is processed, the order will receive a number only order number and will be visible under My Orders.


# Placing Orders

18. Below is an example of the PDF you need to print off and include with your impressions.

**PLEASE PRINT ORDER AND INCLUDE WITH IMPRESSIONS**



<b>P.O. #</b>	8/25/2022
<b>Patient Name</b>	Doe, John
<b>Age Range</b>	56-65
<b>Special Instructions</b>	
<b>Contact</b>	Test Test 800-328-8602



Barcode 2942999    Sales Order # 16032149

BOX LABEL

<b>Account</b>	STARKEY TEST ACCOUNT- ORACL	
<b>Bill To #</b>	X2003	
<b>Ship To #</b>	X2003	
<b>Service</b>	DEFAULT	Ground, 1-5 days intransit depending on zone
ONLINE ORDER		

Right Instrument

<b>Evolv AI 2400 ITE R</b>	
Gain	Mfg. Select
Part Number	63296-SHT

Left Instrument

<b>Evolv AI 2400 ITE R</b>	
Gain	Mfg. Select
Part Number	63296-SHT

250	500	750	1k	1.5k	2k	3k	4k	6k	8k		250	500	750	1k	1.5k	2k	3k	4k	6k	8k	
	50		50		50		50			Air		50		50		50		50			
										Bone											

Options – Right Ear	
Volume Control	Push Button VC
Multi Memory Switch	Multi-Memory Button
Faceplate Color	Pink Faceplate
Shell Color	Clear Shell
Wax Prevention	Internal Hear Clear Bushing
Directional	Directional Microphone
Memory Configuration	4 Memories + Stream Boost
Venting	Manufacturer Select

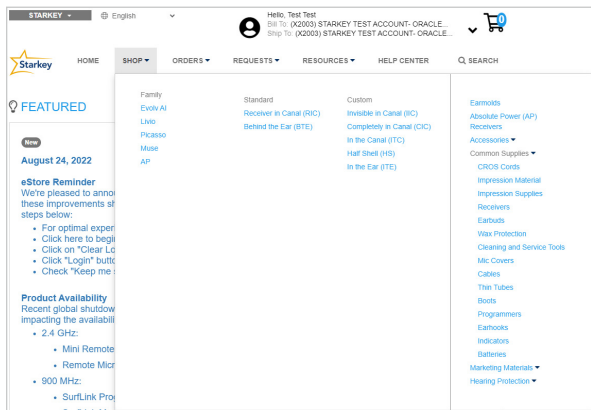
Options – Left Ear	
Volume Control	Push Button VC
Multi Memory Switch	Multi-Memory Button
Faceplate Color	Pink Faceplate
Shell Color	Clear Shell
Wax Prevention	Internal Hear Clear Bushing
Directional	Directional Microphone
Memory Configuration	4 Memories + Stream Boost
Venting	Manufacturer Select

<b>Accessories</b>	Custom Charger (without on-board battery)
--------------------	---

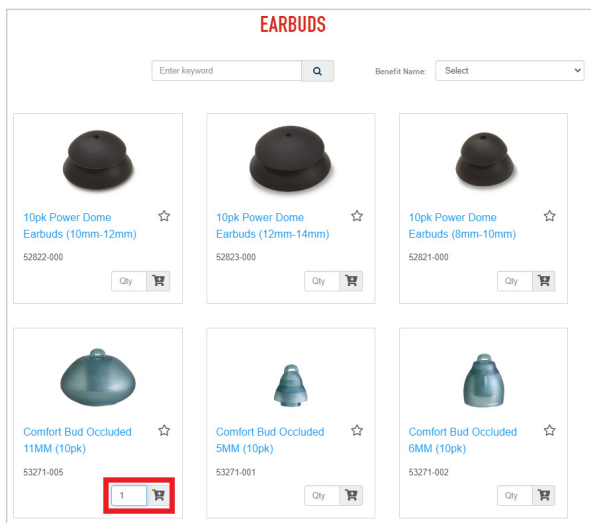
# Placing Orders

## Ordering Supplies / Stock Orders

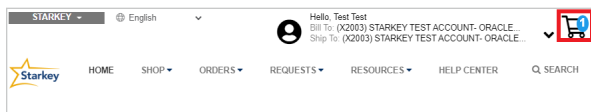
- Under the **Shop** tab, select **Common Supplies** for a supply order or filter to any hearing aid to order stock inventory.



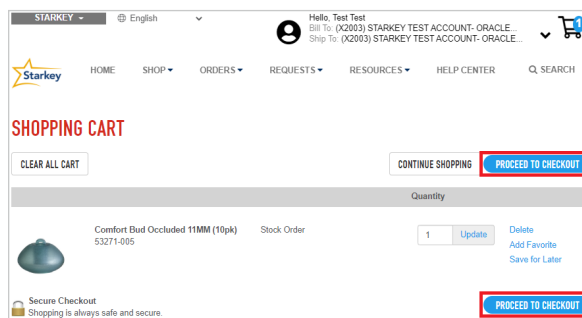
- Select the items you are looking for, adjust the quantity and select the cart icon to add to cart. A green checkmark, along with **'Added to Cart'** will appear when supplies are added to the cart.



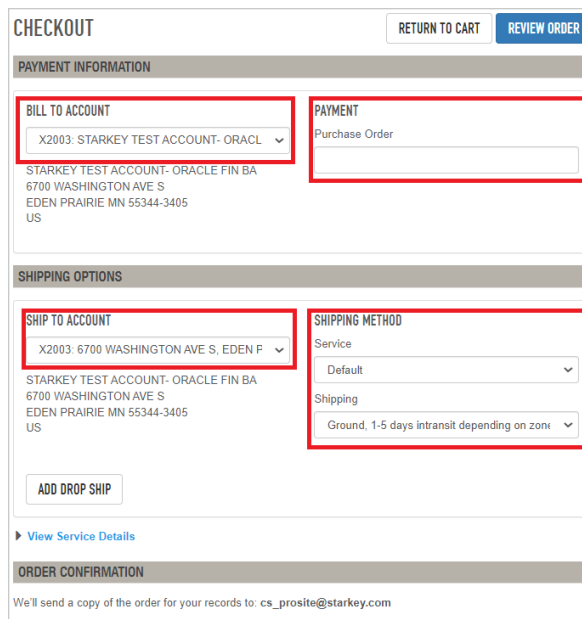
- Once you add all the items to your cart, select the cart icon at the top right of the home page. Confirm the quantities are correct and **Proceed to Checkout**.



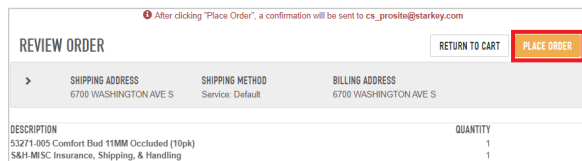
- Click on the Cart and then **Proceed to Checkout**.



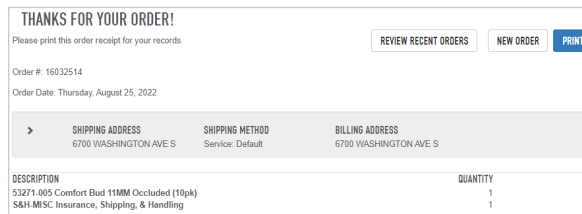
- In the checkout confirm Bill to, Ship to, Purchase Order Number (if it applies), Rush Service (if needed) and Shipping Method.



- Review order and select **'Place Order'**



- A confirmation email will be sent to the email of the user that is logged in.

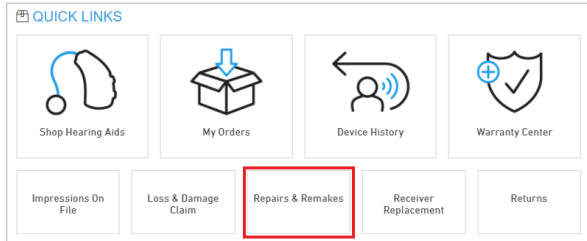




# Service Requests

## Repairs

1. On the home page under **Quick Links**, select **Repairs and Remakes**. This can also be accessed under the **Requests** tab.



2. Enter the serial number to be sent in for repair. Select the receiver type and service plan. If the device is in warranty, you will not need so select a service plan.

**NOTE:** If you have multiple serial numbers to enter, click the 'Add Another Serial #' button.

The 'REPAIRS' section shows a table with one row. The 'SERIAL NUMBER 1' field is highlighted with a red box. Below the table, there are fields for 'ITEM DESCRIPTION', 'PATIENT NAME', 'PRODUCT TYPE', 'RECEIVER TYPE', 'SERVICE PLAN', 'REPAIR WARRANTY', 'REMAKE WARRANTY', and 'LOSS AND DAMAGE'. A note states: 'This device is NOT in warranty for repair. Please choose a service plan:'.

3. Select the reason for repair. If you select anything in the 'Fit Issue' section, this will trigger a remake (Fit issues fall under the remake warranty, reference your policy and pricing booklet for warranty specifics). Add any notes to the comments section.

The 'REPAIR REASON' form has several sections. The 'FIT ISSUE' section is highlighted with a red box. It includes options like Loose, Tight, Discomfort, Moves Out Of Ear, Protrudes, Feedback, and Occlusion. Below this is a note: '(NOTE: Please send new impression for best results)'. Other sections include 'DAMAGED AID', 'CHANGE OPTION', 'WAS MEDICAL INTERVENTION NEEDED FOR SYMPTOM REPORTED?', 'DEVICE CONDITION / PERFORMANCE', and 'COMMENTS'. The 'COMMENTS' section contains the text 'Battery drains in half a day'.

# Service Requests

- Confirm Ship to account, shipping method, contact name, phone number and PO Number. Check the box if you need to print a daily UPS shipping label and select continue.

**ACCOUNT INFORMATION**

BILL TO ACCOUNT: X2003: STARKEY TEST ACCOUNT- ORACL

ADDRESS: STARKEY TEST ACCOUNT- ORACLE FIN BA  
6700 WASHINGTON AVE S  
EDEN PRAIRIE, MN

SHIP TO ACCOUNT: X2003: STARKEY TEST ACCOUNT- ORACL

ADDRESS: STARKEY TEST ACCOUNT- ORACLE FIN BA  
6700 WASHINGTON AVE S  
EDEN PRAIRIE, MN 55344-3405

SHIPPING: Overnight, next day delivery

SERVICE OPTION: Standard

CONTACT NAME: Test Test

CONTACT PHONE: 800-328-8602

P.O. NUMBER: 123456

REFERENCE #:

---

**UPS SHIPPING LABEL**

Print Additional UPS Shipping Label

**CONTINUE**

- Print out repair paperwork and include with the device in box and send in for repair.

**NOTE:** With service requests you will not receive a confirmation email. Your orders will show in your order history only after the order has been received and placed at Starkey. Please allow 24-48 hours before reviewing.

**Starkey** Please print and include with aids / new impressions

<b>PO #</b>	123456	<b>Shipping</b>	Overnight, next day delivery
<b>Reference #</b>		<b>Ship Address</b>	6700 WASHINGTON AVE S EDEN PRAIRIE, MN 55344-3405 US
<b>Date</b>	8/25/2022	<b>Contact Name</b>	Test Test
		<b>Contact Phone</b>	800-328-8602

**SERVICE PLAN: 12 MONTHS**

**BOX LABEL**

<b>Account</b>	STARKEY TEST ACCOUNT- ORACLE FIN
<b>Bill To</b>	X2003
<b>Ship To</b>	X2003
<b>Service</b>	Standard

REPAIR



RP2374555

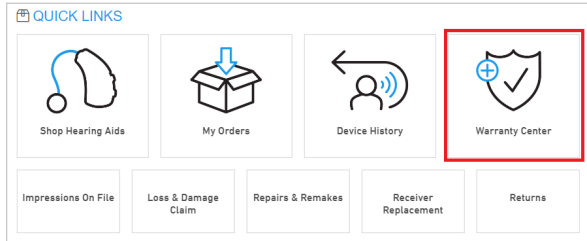
<b>Serial #</b>	170726077
<b>Description</b>	Halo 2 (2400 RIC 312 CHMP
<b>Style</b>	RIC
<b>Patient Name</b>	[REDACTED]
<b>Manufacturer</b>	[REDACTED]
<b>Product Type</b>	Standard
<b>Receiver</b>	No

**Device Condition** Excessive Battery Drain

# Service Requests

## Purchase a Warranty

1. Select **Warranty Center** under the **Quick Links** tab on the home page. You can also access the warranty center under the requests tab.



2. Select **Purchase a Warranty** from the dropdown. Enter the serial number of the device, select the type of coverage you would like, number of years, and check the box that the device is in proper working condition.

The 'WARRANTY CENTER' form includes the following fields:  
I WANT TO: Purchase a Warranty  
PURCHASE A WARRANTY  
TYPE OF COVERAGE: Select ...  
SERIAL NUMBER 1: 220078800  
SERIAL NUMBER 2:   
MANUFACTURER: Starkey  
PATIENT'S FIRST NAME: John  
PATIENT'S LAST NAME: Doe  
STYLE: mRIC  
NUMBER OF YEARS: 1 Year  
 I attest that all instruments are in proper working order at time of this warranty request.

The dropdown menu for 'TYPE OF COVERAGE' shows the following options:  
Select ...  
Worry Free Deluxe (Repair with Loss/Damage)  
Worry Free Repair Only  
Worry Free Loss/Damage Only

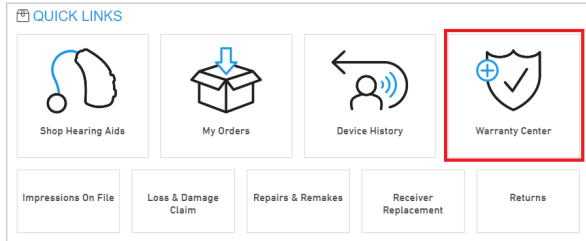
3. Confirm Bill to, Ship to, contact information and select Submit Warranty Request. Please allow 24-48 hours for warranty to update.

The 'ACCOUNT INFORMATION' form includes the following fields:  
BILL TO ACCOUNT: X2003 - STARKEY TEST ACCOUNT- ORACL  
ADDRESS: STARKEY TEST ACCOUNT- ORACLE FIN BA  
6700 WASHINGTON AVE S  
EDEN PRAIRIE, MN  
SHIP TO ACCOUNT: X2003 - STARKEY TEST ACCOUNT- ORACL  
ADDRESS: STARKEY TEST ACCOUNT- ORACLE FIN BA  
6700 WASHINGTON AVE S  
EDEN PRAIRIE, MN 55344-3405  
CONTACT NAME: Test Test  
PHONE NUMBER: 1-800-328-8602  
EMAIL ADDRESS: cs\_grosite@starkey.com  
P.O. NUMBER:   
  
LEGAL DISCLAIMER & SUBMISSION  
I understand that if a replacement instrument is provided and the original instrument is subsequently located and sent to the manufacturer (Starkey) for service, repair or any other reason, the original instrument shall become the property of Starkey.  
  
SUBMIT WARRANTY REQUEST

# Service Requests

## Register a Standard Product

1. Under **Quick Links** on the home tab, select **Warranty Center**. This can also be accessed under the Service Orders tab.



2. Select **Register a Standard Product** from the dropdown. Enter up to 6 serial numbers at one time for a single patient and enter the patient's first name, last name, and date of fitting.

The screenshot shows the 'WARRANTY CENTER' page with a dropdown menu set to 'Register a Standard Product'. Below this is a form titled 'REGISTER A STANDARD PRODUCT' with the following fields:

- SERIAL NUMBER 1: 220078800
- SERIAL NUMBER 2: (empty)
- SERIAL NUMBER 3: (empty)
- SERIAL NUMBER 4: (empty)
- SERIAL NUMBER 5: (empty)
- SERIAL NUMBER 6: (empty)
- PATIENT'S FIRST NAME: John
- PATIENT'S LAST NAME: Doe
- DATE SOLD / FIT: (HEARING AIDS ONLY): 08/26/2022

3. Confirm Ship to account and contact information. Click on **Submit Warranty Request**.

The screenshot shows the 'ACCOUNT INFORMATION' form with the following fields:

- BILL TO ACCOUNT: X2003 - STARKEY TEST ACCOUNT- ORACL
- ADDRESS: STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE, MN
- SHIP TO ACCOUNT: X2003 - STARKEY TEST ACCOUNT- ORACL
- ADDRESS: STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE, MN 55344-3405
- CONTACT NAME: Test Test
- PHONE NUMBER: (empty)
- EMAIL ADDRESS: cs\_prosite@starkey.com

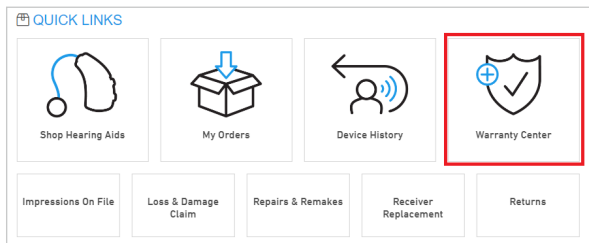
Below the form is a 'LEGAL DISCLAIMER & SUBMISSION' section with a small disclaimer text. At the bottom is a blue button labeled 'SUBMIT WARRANTY REQUEST'.

4. You will get a confirmation that no further action is required, and that your request has been submitted. Please allow 24-48 hours for name and warranty to be updated.

# Service Requests

## Print Warranty Information

1. Under **Quick Links** on the home tab, select **Warranty Center**. This is also located under Service Orders tab.



2. Select **Print Warranty Information** from the dropdown. Enter serial number, confirm account information, and select **Submit Warranty Request**.

The screenshot shows the 'WARRANTY CENTER' form. At the top, there is a dropdown menu labeled 'I WANT TO:' with 'Print Warranty Information' selected. Below this is the 'WARRANTY INFORMATION' section with fields for SERIAL NUMBER 1 (220078800), SERIAL NUMBER 2, MANUFACTURER (Starkey), PATIENT'S FIRST NAME (John), PATIENT'S LAST NAME (Doe), and STYLE (mRIC). The 'ACCOUNT INFORMATION' section includes fields for BILL TO ACCOUNT (X2003: STARKEY TEST ACCOUNT- ORACI), ADDRESS (STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE, MN), SHIP TO ACCOUNT (X2003 - STARKEY TEST ACCOUNT- ORAC), ADDRESS (STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE, MN 55344-3405), CONTACT NAME (Test Test), PHONE NUMBER (1-800-328-8602), and EMAIL ADDRESS (cs\_prosite@starkey.com). A blue 'SUBMIT WARRANTY REQUEST' button is at the bottom.

3. A PDF will populate; from there you can print off the hearing aid warranty & care summary.

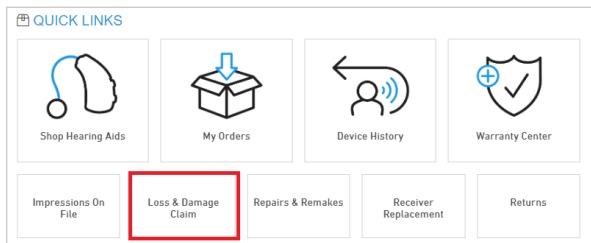
**NOTE:** The PDF will open in a pop-up window. You may need to allow pop-ups from this website.

The screenshot shows a PDF titled 'HEARING AID WARRANTY & CARE SUMMARY'. It is divided into two main columns: 'YOUR HEARING AID DETAILS' and 'MY CLINIC INFORMATION'. The 'YOUR HEARING AID DETAILS' section includes fields for ISSUED TO (Jon Doe), BRAND (STARKEY), DESCRIPTION (Evolv AI 2400 micro RIC 312 CHMP), and SERIAL NUMBER 1 (220078800). It also lists expiration dates for Repair Warranty (1/5/2022) and Loss/Damage Warranty (1/5/2022). The 'MY CLINIC INFORMATION' section lists STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE, MN 55344-3405 US, and the phone number 1-800-328-8602. Below this, there is a section titled 'HEARING CARE MADE EASY' with the heading 'FOLLOW THESE TIPS TO KEEP HEARING AIDS IN PEAK CONDITION:' and a list of care instructions. At the bottom, there is a link to 'Visit Starkey.com/Care' and a note about where to find more information.

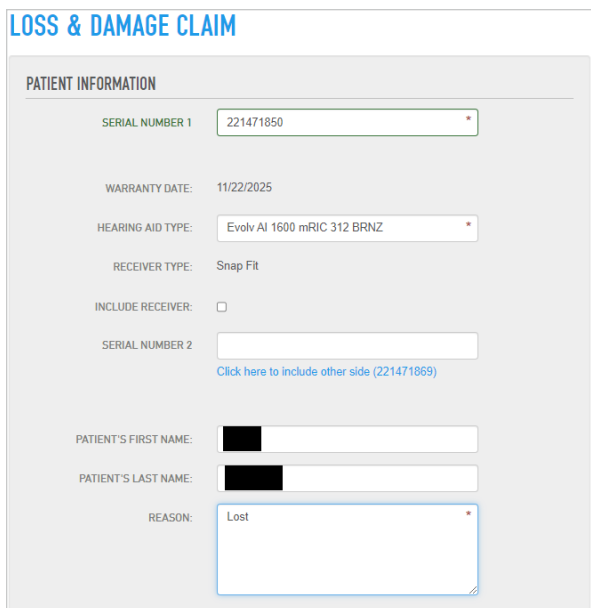
# Service Requests

## Loss & Damage Claims

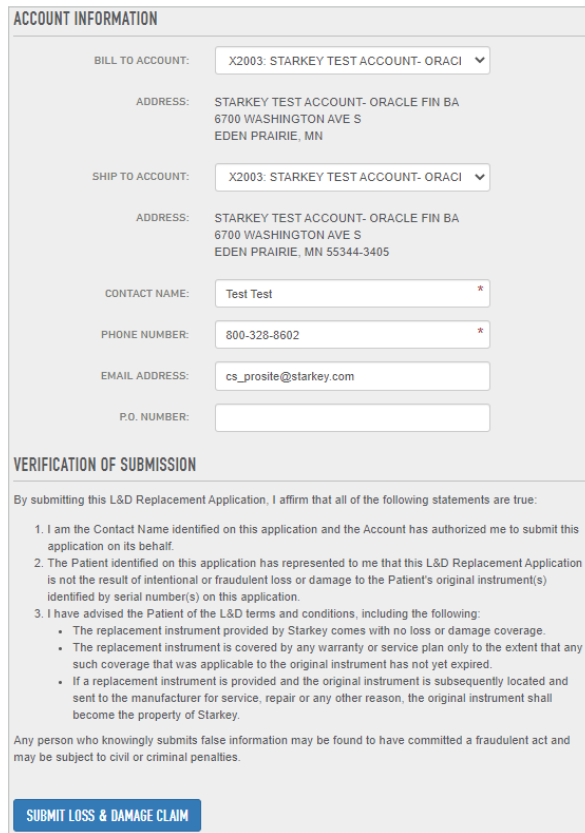
1. Under the **Quick Links** on the home tab, select **Loss & Damage**. This can also be accessed under the **Service Orders** tab.



2. Enter the serial number of the lost device and hit enter. The warranty date and Hearing Aid type will auto-populate. Enter a reason for the Loss & Damage Claim.

A screenshot of the 'LOSS & DAMAGE CLAIM' form. The 'PATIENT INFORMATION' section includes fields for: SERIAL NUMBER 1 (221471850), WARRANTY DATE (11/22/2025), HEARING AID TYPE (Evolv AI 1600 mRIC 312 BRNZ), RECEIVER TYPE (Snap Fit), INCLUDE RECEIVER (checkbox), SERIAL NUMBER 2 (empty), PATIENT'S FIRST NAME (redacted), PATIENT'S LAST NAME (redacted), and REASON (Lost). A link 'Click here to include other side (221471869)' is visible below the second serial number field.

3. Review account information, read through the verification of submission, and select 'Submit Loss & Damage Claim.'

A screenshot of the 'ACCOUNT INFORMATION' and 'VERIFICATION OF SUBMISSION' sections. The 'ACCOUNT INFORMATION' section includes fields for BILL TO ACCOUNT, ADDRESS, SHIP TO ACCOUNT, CONTACT NAME, PHONE NUMBER, EMAIL ADDRESS, and P.O. NUMBER. The 'VERIFICATION OF SUBMISSION' section contains a list of statements to affirm and a 'SUBMIT LOSS & DAMAGE CLAIM' button.

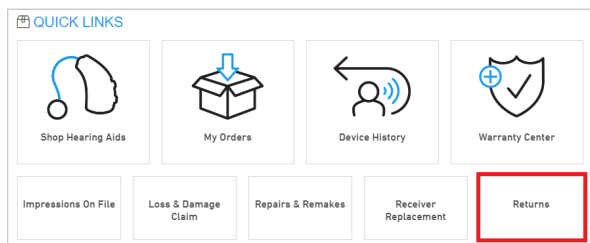
4. You will get a confirmation that the claim was submitted, and no further action is required.

**NOTE:** There is no confirmation email that goes out for Loss & Damage claims.

# Service Requests

## Returns

1. Under the **Quick Links** on the home page, select **Returns**. This can also be located under the **Service Orders** tab.



2. Select **Return for Credit** from the dropdown. Enter the serial number of the device you would like to return and hit Enter. Related items will appear. Select all items you would like to return.

A screenshot of the 'RETURN FOR CREDIT' form. At the top, there is a dropdown menu for 'ACTION' set to 'Return for Credit'. Below this is a 'RETURNS' section with two buttons: 'ADD ANOTHER SERIAL #' and 'REMOVE THIS SERIAL #'. A table lists one return item with the following details: SERIAL NUMBER 1: 221471850, PATIENT NAME: [REDACTED], INVOICE DATE: 8/23/2022. Below the table, there are checkboxes for 'SELECT ITEMS TO RETURN' with two options: '221471869: Evolv AI 1600 mRIC 312 BRNZ' and '221471850: Evolv AI 1600 mRIC 312 BRNZ'. A 'Required' label is visible next to the second checkbox.

3. Provide a return reason and any additional comments.

A screenshot of the 'RETURN REASON' form. It features a list of radio button options under the heading 'RETURN REASON:'. The options are: PATIENT-RELATED (with a help icon), ORDER/STOCK/SHIPPING (with sub-options: BOUGHT BY MISTAKE, DUPLICATE ORDER, EXCHANGED FOR ANOTHER HEARING AID (selected), OVERSTOCK), PATIENT FOUND LOST AID (with a help icon), WRONG ITEM SENT, QUALITY (with sub-options: DAMAGED, DEAD, FIT, INTERMITTENT, SOUND QUALITY, WEAK, WIRELESS PERFORMANCE), and OTHER. Below the list is a text area for 'COMMENTS:' with a character count of '0/250' at the bottom left.

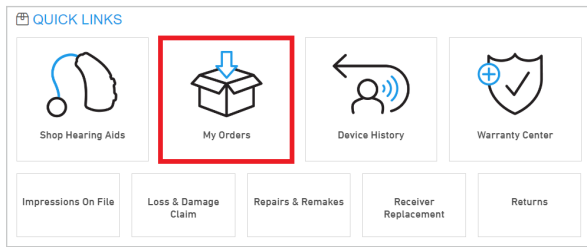
4. Confirm Account Information, enter the PO Number for the return and click Continue.

**NOTE:** If you need a UPS Shipping Label for the day, check to box to generate a shipping label. Also returns will not show up in order history, nor will you receive an email confirmation. The return isn't processed until the form and device(s) is received by Starkey.

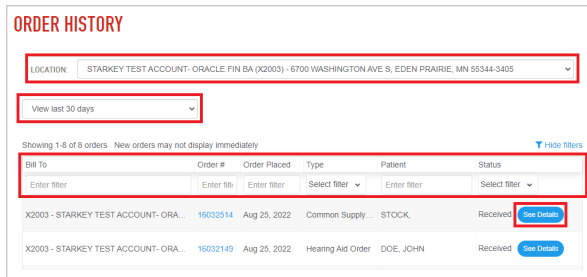
A screenshot of the 'ACCOUNT INFORMATION' and 'UPS SHIPPING LABEL' sections. The 'ACCOUNT INFORMATION' section includes fields for 'BILL TO ACCOUNT:' (X2003: STARKEY TEST ACCOUNT- ORACL), 'ADDRESS:' (STARKEY TEST ACCOUNT- ORACLE FIN BA, 6700 WASHINGTON AVE S, EDEN PRAIRIE, MN), 'SHIP TO ACCOUNT:' (X2003: STARKEY TEST ACCOUNT- ORACL), another 'ADDRESS:' field, 'CONTACT NAME:' (Test Test), 'CONTACT PHONE:' (800-328-8602), 'P.O. NUMBER:', and 'REFERENCE #:'. The 'UPS SHIPPING LABEL' section has a checkbox for 'Print Additional UPS Shipping Label' which is checked. A 'CONTINUE' button is located at the bottom.

# Checking Order Status

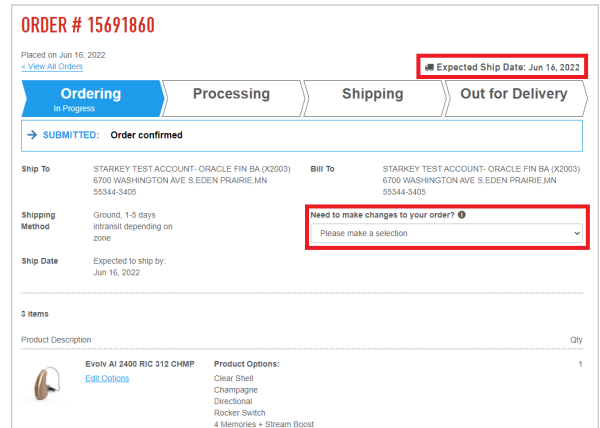
1. Under the **Quick Links** on the home tab, select **My Orders**.



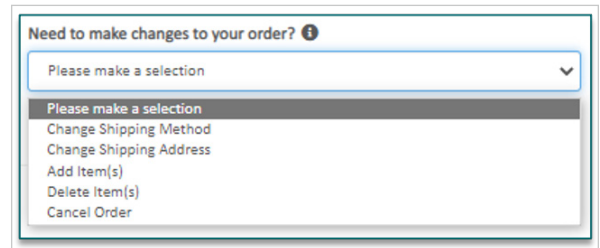
2. Select the correct Ship to location, select search range, filter out the order you're looking for and select **See details**.



3. Select **See details** to get your order status. Expected ship date will be listed as well as where the order is at in the process.



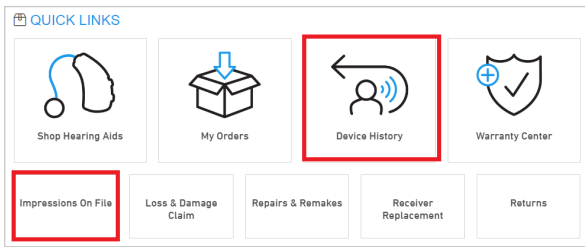
**NOTE:** You can make changes to your order all the way up until it ships.



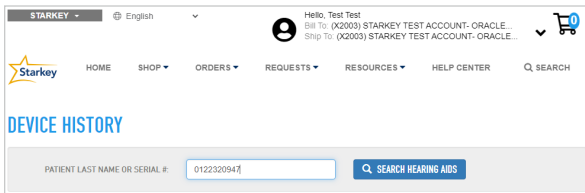


# Device History / Impressions on File

- Under the **Quick Links** on the home tab, select **Device History**.



- Enter the serial number of the device.



- Information such as scan history, warranty dates, device options, repair history and more will be available.

IMPRESSIONS ON FILE <span style="float: right;">Warranty Summary</span>		
	Right	Left
Scan History:	ID: U378R Date: 2/16/2016	ID: U378L Date: 2/19/2016
DEVICE HISTORY		
	Right	Left
Patient Name:	[REDACTED]	[REDACTED]
Purchase Date:	9/24/2014	9/24/2014
Serial:	0114371491	0114371492
Manufacturer:	Starkey	STARKEY
Model:	3 Series 30 ITE	3 Series 30 ITE
Matrix:	120/55/05	120/55/05
Remake Warranty:	10/23/2015	10/23/2015
Repair Warranty:	10/23/2016	10/23/2016
L&D Warranty:	10/23/2016	10/23/2016
Options:	13B 2 Vent 3 Series 30 4 Memory Auto Telephone Response Canal Length CIC Removal Handle Clear Shell Hear Clear Hypoallergenic Light Brown Faceplate No VC Oleophobic Microphone Cover Series I Faceplate Shallow Shell Stereo Lithography Shell	13B 2 Vent 3 Series 30 4 Memory Auto Telephone Response Canal Length CIC Removal Handle Clear Shell Hear Clear Hypoallergenic Light Brown Faceplate No VC Oleophobic Microphone Cover Series I Faceplate Shallow Shell Stereo Lithography Shell
Scan History:	ID: U378R Date: 2/16/2016	ID: U378L Date: 2/19/2016
REPAIR HISTORY		
		Left
	2/16/2016	Weak Action: Replace all components

# Understanding the Shopping Cart

The Starkeypro shopping cart has the ability to house multiple orders on it using a 'save for later' function. It is important when creating an order for a patient that accessories are added at the same time as the hearing aid.


When ordering an HA for a patient, if you choose not to add accessories at the same time and go back to the home page to order accessories, this action will move the current HA in the cart to a 'saved for later' status.


Additionally, you can 'Save' orders in your shopping cart and wait to check out until you've added all your orders in. Here are some scenarios that can occur within the shopping cart.

You are able to edit, delete, add favorite, or save for later when you are in the shopping cart. If an order is in the 'save for later' section, you can select 'move to cart' to check out.


## SHOPPING CART

[CLEAR ALL CART](#) [CONTINUE SHOPPING](#) [PROCEED TO CHECKOUT](#)

			Quantity	
	<b>Evolv AI RIC 312 Wireless CROS System</b> 63281-110 Champagne Directional Rocker Switch 4 Memories + Stream Boost Multiflex Tinnitus Technology Automatic Telephone Response Integrated Sensor	Stock Order	1 <a href="#">Update</a>	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Add Favorite</a> <a href="#">Save for Later</a>
	<b>Non-Func. SnapFit CROS Rcvr Angled L1 (23MM)</b> 18635-131		1 <a href="#">Update</a>	

 **Secure Checkout**  
Shopping is always safe and secure. [PROCEED TO CHECKOUT](#)

### SAVED FOR LATER (152)

			Quantity	
	<b>Evolv AI 2400 ITC R</b> Push Button Medium Brown Plate Clear Shell Hear Clear Removal Handle 2 Vent 110/40 Directional Microphone	Patient Order M, D Age Range: 46-55	2	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Add Favorite</a> <a href="#">Move to Cart</a>