RETURN FOR CREDIT FORM

For faster service, please complete your return for credit request online at www.mywidexPRO.com.

STEP 1: ACCOUNT INFORMATION

Account #: _____ Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

P.O. #: _____

Hearing Care Provider Name: _____

Ship to #: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Clinician Phone #: _____

Hearing Care Provider Email: _____

STEP 2: PATIENT INFORMATION

Patient First Name: _____

Hearing Aid Right Serial #: _____

Model: _____

Accessory Serial #: _____

Accessory Serial #: _____

Patient Last Name: _____

Hearing Aid Left Serial #: _____

Model: _____

Accessory Serial #: _____

Accessory Serial #: _____

STEP 3: CONFIRM HEARING AID USAGE

If the hearing aids have been worn, please indicate whether the returned hearing aids were worn by a prospective end-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."[1] If the hearing aids are used, do not select the bona-fide-evaluation box.

(R) (L) 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 hearing care professional.

Hearing Care Professional Signature: _____ Date: _____

STEP 4: PLEASE SELECT REASON FOR RETURN BELOW

(R) (L) Exchange
(R) (L) Financial Decision
(R) (L) Patient Illness/Death
(R) (L) Stock Return
(R) (L) Patient Changed Mind
(R) (L) Return for Credit to Dispense Competitor Product

Quality Issue
(R) (L) Will Not Program
(R) (L) Poor Fit
(R) (L) Feedback
(R) (L) Mechanical Failure

(R) (L) 2.4 GHz Connectivity
- ☐ iPhone® ☐ Android™
- ☐ Pairing Issues
- ☐ App Connection Issues
- ☐ Streaming Issues
  - ☐ Will not stream
  - ☐ Intermittent streaming

CONFIRM INVOICE DATE AND RETURN POLICY (for all models)

Up to 90 days after invoice date _____ Full Credit

No returns will be accepted after 90 days from invoice date.

RIC R D, RIC 10, and RIC 312 D hearing instruments must be returned with earwire and receiver to receive full credit. Subject to fees if items are missing. See Price & Policy Guide for price information.

Submit to: Widex USA, Inc., 185 Commerce Drive, Hauppauge, NY 11788 Attn: Customer Care | Phone: 1.800.221.0188 | Fax: 631-273-0639 | Email to: customerservice.us@widexsound.com

[1]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 a 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).

WIDEX

SOUND LIKE NO OTHER

EARWIRE RETURN / EXCHANGE FORM

Please do not dispose of earwires and receivers. Complete the form below for a return or exchange.

STEP 1: ACCOUNT INFORMATION

Account #: _____ Account Name: _____ Ship to #: _____ Date: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

P.O. #: _____ Clinician Phone #: _____

Hearing Care Provider Name: _____ Hearing Care Provider Email: _____

STEP 2: PATIENT INFORMATION

Patient First Name: _____ Patient Last Name: _____

Hearing Aid Right Serial #: _____ Hearing Aid Left Serial #: _____

Model: _____ Model: _____

Accessory Serial #: _____ Accessory Serial #: _____

Accessory Serial #: _____ Accessory Serial #: _____

RETURN INFORMATION

Serial Number of Hearing Aid	Model	Receiver	Earwire RIGHT	Earwire LEFT	EASYWEAR (Receiver/Earwire Combination) RIGHT S*	S* LEFT	RIGHT M	M LEFT	RIGHT P	P LEFT
		☐ S ☐ M ☐ P ☐ V.2 M ☐ V.2 P ☐ HP ☐ Wired HP*	☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ -1 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ S0R ☐ S1R ☐ S2R ☐ S3R ☐ S4R	☐ S0L ☐ S1L ☐ S2L ☐ S3L ☐ S4L	☐ M0R ☐ M1R ☐ M2R ☐ M3R ☐ M4R	☐ M0L ☐ M1L ☐ M2L ☐ M3L ☐ M4L	☐ P0R ☐ P1R ☐ P2R ☐ P3R ☐ P4R	☐ P0L ☐ P1L ☐ P2L ☐ P3L ☐ P4L
		☐ S ☐ M ☐ P ☐ V.2 M ☐ V.2 P ☐ HP ☐ Wired HP*	☐ -1*** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+	☐ -1*** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+	☐ S0R ☐ S1R ☐ S2R ☐ S3R ☐ S4R	☐ S0L ☐ S1L ☐ S2L ☐ S3L ☐ S4L	☐ M0R ☐ M1R ☐ M2R ☐ M3R ☐ M4R	☐ M0L ☐ M1L ☐ M2L ☐ M3L ☐ M4L	☐ P0R ☐ P1R ☐ P2R ☐ P3R ☐ P4R	☐ P0L ☐ P1L ☐ P2L ☐ P3L ☐ P4L

REPLACEMENT INFORMATION

Serial Number of Hearing Aid	Model	Receiver	Earwire RIGHT	Earwire LEFT	EASYWEAR (Receiver/Earwire Combination) RIGHT S*	S* LEFT	RIGHT M	M LEFT	RIGHT P	P LEFT
		☐ S ☐ M ☐ P ☐ V.2 M ☐ V.2 P ☐ HP ☐ Wired HP*	☐ -1** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+	☐ -1** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+	☐ S0R ☐ S1R ☐ S2R ☐ S3R ☐ S4R	☐ S0L ☐ S1L ☐ S2L ☐ S3L ☐ S4L	☐ M0R ☐ M1R ☐ M2R ☐ M3R ☐ M4R	☐ M0L ☐ M1L ☐ M2L ☐ M3L ☐ M4L	☐ P0R ☐ P1R ☐ P2R ☐ P3R ☐ P4R	☐ P0L ☐ P1L ☐ P2L ☐ P3L ☐ P4L
		☐ S ☐ M ☐ P ☐ V.2 M ☐ V.2 P ☐ HP ☐ Wired HP*	☐ -1*** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ -1*** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ S0R ☐ S1R ☐ S2R ☐ S3R ☐ S4R	☐ S0L ☐ S1L ☐ S2L ☐ S3L ☐ S4L	☐ M0R ☐ M1R ☐ M2R ☐ M3R ☐ M4R	☐ M0L ☐ M1L ☐ M2L ☐ M3L ☐ M4L	☐ P0R ☐ P1R ☐ P2R ☐ P3R ☐ P4R	☐ P0L ☐ P1L ☐ P2L ☐ P3L ☐ P4L

*Wired HP have earwires attached. Please select earwire length only. **Earwire sizes ***Earwire length size -1 is only available for Modular Ear-Tips
+Earwire length size 5 is only available for RITE HP and Wired HP receivers.

Submit to: Widex USA, Inc., 185 Commerce Drive, Hauppauge, NY 11788 Attn: Customer Care | Phone: 1.800.221.0188 | Fax: 631-273-0639 | Email to: customerservice.us@widexsound.com

WIDEX

SOUND LIKE NO OTHER

Widex is a registered trademark of WSAUD A/S.