WIDEX LOSS & DAMAGE CLAIM

Information Required to File a Claim:
Complete form below with the account information, serial number, patient name, and signatures.

Guidelines:

- One-time replacement for product lost, stolen or damaged beyond repair.
- Replacement will be an identical technology, hearing aid model, and receiver, if applicable. No exchanges or upgrades.
- Customer is responsible for non-refundable replacement fee plus shipping and handling costs. See Price and Policy Guide for price information.
- Lost instrument is "Property of Widex"; if found, return to Widex USA, Inc.
- Replacement unit carries the remainder of the service warranty.
- Replacement coverage is non-renewable for replacement unit.
- Rush service is not available.
- Replacement coverage applies to the product only and does not apply to any accessory items, demo instruments, or custom ear-tips/earmolds.

Account #: _____ Company Name: _____ Ship To #: _____ Date: _____

Address: _____ Address: _____

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

P.O. #: _____ HCP Phone #: _____

Hearing Care Provider: _____ HCP Email: _____

Patient First Name: _____ Patient Last Name: _____

LOST PRODUCT INFORMATION

☐ **RIC/BTE Hearing Aid:**
Rechargeable (Y) (N)

Serial #: _____

Model: _____ Color: _____ Receiver: _____

☐ New Order CAMISHA Shell Serial #: _____

Additional charges may apply. CAMISHA scan on file will be used to manufacture this order.

☐ **Custom Hearing Aid:**

☐ CIC-M/CIC ☐ Canal ☐ Half Shell ☐ Full Shell

Serial #: _____

CAMISHA scan on file will be used to manufacture this order.

CLINICIAN/PATIENT SIGNATURES AUTHORIZE WIDEX TO PROCEED WITH THIS CLAIM BASED ON THE GUIDELINES LISTED ABOVE

Please briefly describe the reason for instrument replacement: _____

_____

_____

_____

Date of Claim:_____ Patient Signature: _____ Clinician Signature: _____

Submit to: Widex USA, Inc., 185 Commerce Drive, Hauppauge, NY 11788 | Fax: 1.631.273.0639 | customerservice.us@widexsound.com