

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: _____
P.O. #: _____		Clinician Phone #: _____	
Clinician Name: _____		Clinician Email: _____	
Patient First Name: _____		Patient Last Name: _____	

Lost Product Information	
<input type="checkbox"/> BTE Hearing Aid: Rechargeable (battery included)	<input type="checkbox"/> Y <input type="checkbox"/> N Serial #: _____ Model: _____ Color: _____ Receiver: _____ <input type="checkbox"/> New Order CAMISHA Shell Serial #: _____ Additional charges may apply. CAMISHA scan on file will be used to manufacture this order.
<input type="checkbox"/> Custom Hearing Aid:	<input type="checkbox"/> IIC/CIC <input type="checkbox"/> Canal <input type="checkbox"/> Half Shell <input type="checkbox"/> 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: _____