

Insurance Hearing Aid Return/Exchange Form

Use this form when your patient is returning or exchanging their hearing aids. Please complete this form and mail it back with original hearing aid order to **Starkey, ATTN: Start Hearing Returns**.

Please complete the following information. Please check box that applies to request.

Patient name: _____

Return – No Exchange: (Must be within 90-Day Return Policy)

Reason for Return: _____

Hearing Aid Make & Model: _____

Serial Number(s): _____
Left ear Right ear

Standard / Mixed Exchange (RIC or BTE):

Exchange to: Hearing Aid Make & Model: _____

Color: _____ Receivers (length & gain): _____

AP Receiver / Earmold:

Scan on file: _____
Left ear Right ear

Sending New Impressions

Custom Exchange: (New order form is required)

Using Scans on File: _____

Serial Number(s): _____
Left ear Right ear

Sending in Impressions

Provider Signature

Date Signed