

Discount Hearing Aid Return / Exchange Form

Use this form when your patient is returning or exchanging their hearing aids. Once this form is returned to Start Hearing Discount Program, the refund to the patient will be processed in the manner it was received (if refund applies).

Provider: Please complete the following steps when returning or exchanging your patients' hearing aid(s) purchased through Start Hearing Discount Program.

1. Complete the information requested in the boxes below.
2. Once complete, scan and email to ordering-glencoe@starhearing.com
3. Please return the hearing aids to Starkey Hearing Technologies using this form:
 - a. If exchanging, please include the new order form found on our website under 'Order Forms'
 - b. If returning, please include this form with the product.

Please note: Start Hearing has a 60-day return policy for hearing aids. For further questions or requests beyond 60 days, please call 888-901-8141.

Provider Information:

Facility Name:		
Address:		
City, State, Zip:		
Phone:		
<input type="checkbox"/> This is a Return (Must be within 60-day return policy)		
<input type="checkbox"/> This is an Exchange (Contact your Start Hearing HCA)		
Date Signed:		Provider Signature:

Patient Information:

Patient Name:	Date of Return:
City, State, Zip:	
Start Hearing Invoice:	

Hearing Aid Information:

Serial Numbers:	Left:	Right:
Accessories <small>(Check all that apply)</small>	<input type="checkbox"/> Earmold(s) <input type="checkbox"/> Remote <input type="checkbox"/> Charger <input type="checkbox"/> Other: _____	
Reason for Return:		

Return Method:	UPS Tracking:	Other Tracking:
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