



REFUND REQUEST FORM

Hearing Aids: THIS FORM AND HEARING AID(S) TO BE RETURNED MUST BE POSTMARKED ANY TIME PRIOR TO 12 MIDNIGHT OF THE 45TH CALENDAR DAY AFTER RECEIPT OF THE HEARING AID. NO REFUND WILL BE GIVEN UNTIL THE HEARING AID(S) IS/ARE RETURNED TO THE SELLER. IT MAY TAKE UP TO 30 DAYS FROM THE DATE OF RECEIPT TO PROCESS A REFUND.

Accessories: THIS FORM AND ACCESSORIES TO BE RETURNED MUST BE POSTMARKED ANY TIME PRIOR TO 12 MIDNIGHT OF THE 15TH CALENDAR DAY AFTER RECEIPT OF THE ACCESSORY. NO REFUND WILL BE GIVEN UNTIL THE ACCESSORIES IS/ARE RETURNED TO THE SELLER. IT MAY TAKE UP TO 30 DAYS FROM THE DATE OF RECEIPT TO PROCESS A REFUND.

Buyer's Name: _____ Date: _____

Buyer's Address: _____

Buyer's Telephone Number: _____ Email address: _____

Birth date: _____

Date of Payment _____ Method used for purchase: _____

Patient Signature: _____

Hearing Aid Manufacturer: _____

Hearing Aid/Accessory Model: _____ Accessory SerialNumber: _____

Left Serial Number: _____ Right Serial Number: _____

Reason For Return: _____

