

HearPO Hearing Aid Return/Exchange Form

This form must be completed immediately after returning HearPO hearing aid(s) to the manufacturer, for any reason, to ensure proper processing of the return. Please be sure to completely fill this out and fax it to HearPO at 763-268-4210 or mail it to: 5000 Cheshire Lane N, Plymouth, MN 55446. Refunds to patients will be processed once we receive notice from the manufacturer that the aids have been returned, if a refund applies.

Patient Information

Patient Name: _____ **Return Date:** _____

HearPO PO # : _____ **Date of Delivery:** _____

Is patient returning or exchanging the aid(s)? (Please circle one) Return Exchange

If patient is exchanging aid(s) have new aids been ordered? Yes No

New PO # if exchanging (please call HearPO if you do not have one): _____

Provider Information

Provider/Clinic Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Manufacturer Information

Manufacturer: _____

Serial Numbers: Left Aid: _____

Right Aid: _____

Reason for return: _____

Return Tracking Information - PLEASE COMPLETE

Returned via (circle one): DHL Fed Ex UPS Other _____

Tracking # _____

Provider Signature: _____ **Date:** _____

If you have questions pertaining to a return/exchange please call 800-920-4327 for more information.