



Return & Exchange Form

Please complete the appropriate section(s) and fax/email to HearUSA at 1-877-393-9046 or Network@hearusa.com. Returns are not to made beyond members trial period. Unauthorized returns will **NOT** be approved and may result in devices being billed to rendering provider. Please adhere to the return/exchange trial period policy. All plans have a 30 day trial with the exception of AARP & UHC AARP Med Supp Plan which has a 90 day trial period.

Return

Exchange

Member & Provider Information

Member Name: _____ Member Telephone: _____

Provider Number: _____ Provider Name: _____

Returned Hearing Aid Information

Returned Manufacturer: _____

Returned Model & Style: _____

Left Serial Number: _____ Right Serial Number: _____

Date Returned: _____ Tracking #: _____

Hearing Aids were never ordered and there is not tracking number.

Reason for Return

New Hearing Aid Information

Manufacturer: _____

Left Model & Style: _____

Right Model & Style: _____

Fitting Fees Status

Fitting fees have been received by my office and will be promptly returned to HearUSA.

To date, fitting fees have not been received by my office.

Mail check to HearUSA, Attn: Hearing Care Network, 11400 N Jog Road, Palm Beach Gardens, FL 33418