



### Return & Exchange Form

Please complete the appropriate section(s) and fax/email to HearUSA at 1-877-393-9046 or [Network@hearusa.com](mailto: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