

HEARING DEVICE REPAIR FORM

CUSTOMER SECTION	
Name: _____	Date of Birth: / /
Today's Date: / /	Phone: () - _____
Did you purchase your hearing device(s) from DHMC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Problem(s) with your hearing device:	
<input type="checkbox"/> Battery Drain <input type="checkbox"/> Cleaning <input type="checkbox"/> Damaged Case <input type="checkbox"/> Dead <input type="checkbox"/> Distorted <input type="checkbox"/> Intermittent <input type="checkbox"/> Tubing <input type="checkbox"/> Weak <input type="checkbox"/> Manufacturer Yearly Check <input type="checkbox"/> Other(reason): _____	
Charges Per Device:	
<ul style="list-style-type: none"> • DHMC on-site cleaning / repair \$40.00-\$200.00 • Factory re-case / re-make - \$50.00-\$220.00 • Factory repair & verification \$260.00 (if out of warranty) <ul style="list-style-type: none"> <input type="checkbox"/> Ok to send to factory <input type="checkbox"/> Factory repair <u>Express</u> \$65.00 (additional charge) <input type="checkbox"/> Mail back to patient <u>Express</u> \$50.00 (additional charge) 	
Please indicate your preferred method to receive back your device:	
<input type="checkbox"/> Mail when Ready <input type="checkbox"/> Call when Ready <input type="checkbox"/> MyDH when Ready	
My signature indicates my understanding of the charges associated with this repair/service. I am also aware of the following:	
<ul style="list-style-type: none"> • Hearing devices do not restore hearing to normal nor do they prevent further changes to hearing. I understand that even with the hearing device(s) in good working order, it may no longer be the most appropriate to meet my amplification needs. While I understand that it may be in my best interest to have an updated hearing test along with a more in depth check-up of my current amplification needs before servicing this device, I still wish to proceed with the servicing of the device(s) at this time. 	
Signature (Mandatory) X_____ Relationship to patient (if other): _____	
FOR DEPARTMENTAL USE ONLY	
Findings:	
MRN: _____	