Dartmouth-Hitchcock

DEPARTMENT | Section of Otolaryngology, Audiology and Maxillofacial Surgery

Dartmouth-Hitchcock Medical Center
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HEARING DEVICE REPAIR FORM

CUSTOMER SECTION

Name:	**Date of Birth: / /**
Today's Date: / /	**Phone: (_____) _____ - _____**

Did you purchase your hearing device(s) from DHMC? ☐ YES ☐ NO

Problem(s) with your hearing device:

☐ Battery Drain ☐ Cleaning ☐ Damaged Case ☐ Dead ☐ Distorted ☐ Intermittent ☐ Tubing

☐ Weak ☐Other(reason): _____

Charges:

- **DHMC on-site cleaning / repair $30.00-$130.00**
- **Factory re-case / re-make - $50.00-$150.00**
- **Factory repair & verification $225.00 (if out of warranty)**
  - ☐ **Ok to send to factory**
  - ☐ **Factory repair <u>Express</u> $50.00** (additional charge)
  - ☐ **Mail back to patient <u>Express</u> $50.00** (additional charge)

Please indicate your preferred method to receive back your device:

☐ Mail when Ready ☐ Call when Ready ☐ MyDH when Ready

My signature indicates my understanding of the charges associated with this repair/service. I am also aware of the following:

- 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): _____

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Findings:

MRN: