

## Hearing Aid Repair Form

For hearing aid repairs, please fill this out form, print it, and include it with your hearing aids.

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### PERSONAL AND SHIPPING INFORMATION

First Name*	
Middle Name	
Last Name*	
Date of Birth	
Address Line 1*	
Address Line 2	
City*	
State*	
Zip Code*	
How did you find us?	

### CONTACT INFORMATION

Email*	
Phone Number*	
Phone Type*	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Email

### PROBLEM WITH YOUR HEARING AIDS:

## REPAIR OPTIONS

In Warranty repair – (\$0.00)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Repair/ 12mo warranty – (\$199 each)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Re-Case/12mo warranty – (\$299 each)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

PROGRAMMING -FREE WITH REPAIR- NORMALLY 1 = \$50, 2 = \$75

## Adjustments needed:

## RETURN SHIPPING AND SERVICE OPTIONS

Shipping Method\*  USPS Express – \$23.00 (1-2 days)

USPS Priority – \$0.00 (3-5 days)

48 Hour Turnaround (repairs only)  Yes (\$27.50)  NO

Hearing Aid Dryer Kit  Yes (\$27.50)  NO

1 carton of batteries  No Batteries

\* Size 10 \* (\$34 for 40 batteries)

\* Size 312 \* (\$34 for 40 batteries)

\* Size 312 \* (\$34 for 40 batteries)

\* Size 13 \* (\$34 for 40 batteries)

## PAYMENT METHOD

Call when repaired - I will pay over the phone by credit card

A check or money order is enclosed

I will pay online

## Ship Your Hearing Aid(s) To:

Hearing Haven  
3740 North Josey Lane  
Suite 125  
Carrollton, TX 75007

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

Put your hearing aid into a hard container such as a prescription pill bottle or vitamin bottle. You can place that into a box or padded envelope, but please don't mail your hearing aid in only a padded envelope. Your hearing instrument will be protected much better this way.