

**LOSS AND DAMAGE CLAIM FORM**

Serial Number(s) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Left Ear  Right Ear  Both  (check one) Date of Incident: \_\_\_\_\_

**PATIENT'S INFORMATION**

**Patient's Name:** \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Patient's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Statement of loss: (Please describe in detail, how and when, your hearing instrument(s) was/were lost or damaged. If you need more room please use the back side of this form.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, all of the information provided on this document is correct.

Patient's Signature **X** \_\_\_\_\_ date \_\_\_\_\_

**HEARING PROFESSIONAL INFORMATION**

**Hearing Professional:** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_ - \_\_\_\_\_

To the best of my knowledge, all of the information provided on this document is correct. Please replace/repair the instrument(s) listed above, under the Patients' Loss & Damage Coverage. I am aware that Persona Medical will charge a handling fee (call for fee amount), per hearing instrument.

Authorized Signature **X** \_\_\_\_\_ date \_\_\_\_\_

**Loss & Damage Coverage**

If "1 Year Loss & Damage" is specified on your warranty card the following coverage will apply for a period of one (1) year from the date the hearing instrument was originally shipped from Persona Medical. If "2 Year Loss & Damage" is specified on your warranty card the following coverage will apply for a period of two (2) years from the date the hearing instrument was originally shipped from Persona Medical.

Persona Medical will replace or repair your hearing instrument if it is lost or damaged within the coverage period. A deductible will be charged. This coverage begins on the date the aids were originally shipped from Persona Medical. If a replacement instrument is needed, it is the customer's responsibility to furnish an impression of his/her ear to Persona Medical along with a notarized letter or a completed Loss and Damage Claim Form, explaining the circumstances and date instrument was lost or damaged. The loss and damage coverage is limited to one replacement only and may not be purchased on the replacement instrument. Specialist fees and deductible are not included. This coverage is not renewable, transferable or assignable. Shipping and handling not included.

If the original lost hearing instrument is found, it becomes the property of Persona Medical and must be returned to Persona Medical immediately. Please be advised that the found instrument is no longer covered under any warranty, given that coverage was transferred to the replacement hearing instrument.