

# Membership Form.

For – Extended warranty / Battery Club/ Hearing Aid Repairs And Services.

Only 'Individuals'  
to affix recent  
photograph (3.5  
cm x 2.5 cm)

## Personal Details

Full Name (Full expanded name : initials are not permitted)

Please Tick  as applicable      Shri  Smt.  Kumari  M/s

|                     |            |
|---------------------|------------|
| Last Name / Surname | First Name |
|                     |            |
| Middle Name         |            |
|                     |            |

### Address

R. Residential Address

Flat/Door/Block No.

|  |
|--|
|  |
|--|

Name of Premises / Building / Village

|  |
|--|
|  |
|--|

Road / Street / Lane / Post Office

|  |
|--|
|  |
|--|

Area / Locality / Taluka / Sub - Division

|  |
|--|
|  |
|--|

Town / City / District

State / Union Territory

Pin

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

## HEARING AID INFORMATION- EXTENDED WARRANTY FORAM

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Left aid:** Make \_\_\_\_\_ Model \_\_\_\_\_ Serial# \_\_\_\_\_ Purchase Date \_\_\_\_\_

**Right aid:** Make \_\_\_\_\_ Model \_\_\_\_\_ Serial# \_\_\_\_\_ Purchase Date \_\_\_\_\_

\*\* Coverage desired    A: Comprehensive    B: Loss & Damage    C: Damage & Component Failure

\* Circle the rate schedule that applies:    1            2            3            4

**Technical verification-**

Product name-

R Sr No

L Sr No

| REPAIR |   |   |   |   |  |
|--------|---|---|---|---|--|
| L      | R | Dead <sup>400</sup>                           | L | R | Option/Control missing <sup>412</sup>            |
| L      | R | Intermittent <sup>401</sup>                   | L | R | Internal feedback <sup>414</sup>                 |
| L      | R | Weak <sup>402</sup>                           | L | R | Clean and check <sup>440</sup>                   |
| L      | R | Distortion <sup>404</sup>                     | L | R | Poor VC taper <sup>441</sup>                     |
| L      | R | Noisy/Static <sup>405</sup>                   | L | R | Add option <sup>442</sup>                        |
| L      | R | High drain/Short battery life <sup>406</sup>  | L | R | Battery door problem <sup>444</sup>              |
| L      | R | Programming problems <sup>408</sup>           | L | R | Program switch bad <sup>445</sup>                |
| L      | R | Fades <sup>409</sup>                          | L | R | Other (specify in comments below) <sup>419</sup> |
| L      | R | Option/Control not functioning <sup>410</sup> | L | R |  |
| REMAKE |   |   |   |   |  |
| L      | R | External feedback <sup>415</sup>              | L | R | Wrong/Change color <sup>416</sup>                |
| L      | R | Loose fit <sup>418</sup>                      | L | R | Lengthen canal <sup>417</sup>                    |
| L      | R | Tight fit <sup>417</sup>                      | L | R | Shorten canal <sup>418</sup>                     |
| L      | R | Occlusion <sup>418</sup>                      | L | R | Change vent size <sup>419</sup>                  |
| L      | R | Protrudes <sup>419</sup>                      | L | R | Model change or circuit change <sup>420</sup>    |
| L      | R | Hurts/Sore (mark location) <sup>421</sup>     | L | R | Other (specify in comments below) <sup>420</sup> |
| L      | R | Works out of ear <sup>422</sup>               | L | R |  |
| L      | R | Damaged <sup>423</sup>                        | L | R |  |

|   |       |   |  |   |       |   |       |  |       |       |       |       |
|---|-------|---|--|---|-------|---|-------|--|-------|-------|-------|-------|
| Service Warranty # _____  |       | Client Name _____                               |  |   |       |   |       |  |       |       |       |       |
| Make  | Model | Serial Number                                   |  |   |       |   |       |  |       |       |       |       |
| Right _____   | _____ | _____   |  |   |       |   |       |  |       |       |       |       |
| Left _____  | _____ | _____   |  |   |       |   |       |  |       |       |       |       |
| <input type="checkbox"/> <b>Component Repair*</b>   |       | <input type="checkbox"/> <b>Damage Repair**</b> |  |   |       |   |       |  |       |       |       |       |
| <input type="checkbox"/> <b>Loss Report***</b>  |       |   |  |   |       |   |       |  |       |       |       |       |
| <p><small>*Component Repair—send original performance data or matrix with aid.<br/>                 ** Shell damage must have an ear impression included for ITE, ITC or CIC.<br/>                 ***Include notarized statement of loss, pure tone &amp; speech audiometry and if an ITE, ITC or CIC, an ear impression must be included.</small></p> |       |   |  |   |       |   |       |  |       |       |       |       |
| <b>Audiometric Test Results</b>   |       |   |  |   |       |   |       |  |       |       |       |       |
| Right   | Left  | AC  | 250  | 500                                     | 750   | 1000  | 1500  | 2000   | 3000  | 4000  | 6000  | 8000  |
| SRT   | _____ | _____   | _____  | _____                                   | _____ | _____   | _____ | _____  | _____ | _____ | _____ | _____ |
| MCL   | _____ | _____   | _____  | _____                                   | _____ | _____   | _____ | _____  | _____ | _____ | _____ | _____ |
| UCL   | _____ | _____   | Discrimination % Left _____ Right _____ Binaural _____ |   |       |   |       |  |       |       |       |       |
| <b>Problem</b>  |       |   |  |   |       |   |       |  |       |       |       |       |
| <input type="checkbox"/> Dead _____   |       |   |  | <input type="checkbox"/> Weak _____     |       |   |       | <input type="checkbox"/> Case / Shell _____  |       |       |       |       |
| <input type="checkbox"/> Volume Control _____   |       |   |  | <input type="checkbox"/> Feedback _____ |       |   |       | <input type="checkbox"/> Reshell for Fit \$85.00<br>(not covered under service warranty) |       |       |       |       |
| <input type="checkbox"/> Battery Contact _____  |       |   |  | <input type="checkbox"/> Switch _____   |       |   |       | <input type="checkbox"/> Add Canal Lock \$85.00<br>(not covered under service warranty)  |       |       |       |       |
| <input type="checkbox"/> Other _____  |       |   |  |   |       |   |       |  |       |       |       |       |
|   |       |   |  |   |       |   |       |  |       |       |       |       |
|   |       |   |  |   |       |   |       |  |       |       |       |       |
| <input type="checkbox"/> <b>Send Claim forms</b>  |       |   |  |   |       | <input type="checkbox"/> <b>Send Airbills</b> |       |  |       |       |       |       |

**Soundaid Hearing Aid Warranties Privacy Statement**

Discovery Hearing Aid Warranties has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. In the course of our business relationship with a hearing aid dispenser and/or its employees we may come into possession of confidential information. We hold any information included with this claim form in strictest confidence. SoundAid Hearing Aid Warranties will not use the confidential information for any purpose other than providing the agreed upon services.