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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Hearing Aid and Hearing Aid Accessories Return**  |
| **Instructions**  |
| To be completed by the audiologist or hearing aid specialist. Please complete all of the form and return **immediately** to the field office that ordered the hearing aids and hearing aid accessories. All fields must be completed except where indicated as optional.     |
| **Participant/Customer Information**  |
| **Customer Name:**       | **Case ID:**       |
| **Hearing Aid Return**  |
| The following items are being returned for credit or refund:   |
| **Original Service Authorization (SA) number:**  |
| **Hearing Aid Manufacturer:** |
| **Hearing Aid Manufacturer Reference/Invoice Number:** |
| **Style of Hearing Aid(s):**  |
| **Ear** | **BTE** | **ITE-FS** | **ITE-HS** | **RITE** | **RIC** | **ITC** | **CIC\*** | **CROS** | **None** |
| **Right** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Left** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Reason for the return:**      |
| **Models of devices being returned:**     |
| **Right Aid:**        |
| **Left Aid:**        |
| **Rechargable Battery:** | **[ ]  Yes** | **[ ]  No** |
| **Color and Color Code:**       |
| **Receiver information:**       |
| **Serial Number for right aid:** |
| **Additional information for right aid:**  |
| **Serial Number for left aid:** |
| **Additional information for left aid:**  |
| **Accessory specifics:** |
| **Accessory specifics:** |
| **Accessory specifics:** |
| **Earmold Information**  |
| **Earmold Supplier:**       | **Right** | **Left** |
| Earmold to be provided by Hearing Aid Manufacturer; requires a Service Authorization issued by TWC VR to the Hearing Aid Manufacturer. | [ ]  | [ ]  |
| Style of mold (if applicable) |       |       |
| **Pricing Information** |
| **Pricing**  | **TWC Cost List Price**  | **VRS Credit Amount**  |
| **Right Aid** |       |       |
| **Left Aid** |       |       |
| **Earmolds** |       |       |
| **Accessories** |       |       |
| **Accessories** |       |       |
| **Accessories** |       |       |
| **Return Shipping Information**  |
| **Date item(s) returned:**       |
| **Method of shipping (i.e. FedEx, UPS Next Day):**       |
| **Bill of lading or shipment receipt number:**       |
| **Comments:**       |
| **Type or print dispenser’s staff member name:**       |
| **Address:**      | **City:**      | **State:**      | **ZIP code:**      |
| **Telephone number:**(   )       | **Date form delivered to TWC:**       |
| **Staff member’s signature:****X**       |
| **All information is to be treated as confidential.****Examinee has the legal right to see this report when the examinee requests**.  |