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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**. | | | | | | | | | | | | | | | | | | | |