



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:** \_\_\_\_\_

**Rechargeable 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

<b>Earmold Supplier:</b>	<b>Right</b>	<b>Left</b>
Earmold to be provided by Hearing Aid Manufacturer; requires a Service Authorization issued by TWC VR to the Hearing Aid Manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>
Style of mold (if applicable)		

### Pricing Information

<b>Pricing</b>	<b>TWC Cost List Price</b>	<b>VRS Credit Amount</b>
<b>Right Aid</b>		
<b>Left Aid</b>		
<b>Earmolds</b>		
<b>Accessories</b>		
<b>Accessories</b>		
<b>Accessories</b>		

### Return Shipping Information

<b>Date item(s) returned:</b>			
<b>Method of shipping (i.e. FedEx, UPS Next Day):</b>			
<b>Bill of lading or shipment receipt number:</b>			
<b>Comments:</b>			
<b>Type or print dispenser's staff member name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP code:</b>
<b>Telephone number:</b> ( )		<b>Date form delivered to TWC:</b>	
<b>Staff member's signature:</b> <b>X</b>			

**All information is to be treated as confidential.  
Examinee has the legal right to see this report when the examinee requests.**