MIDWEST HEARING AGENCY

Hearing Instrument Insurance Application

1> Policy Holder Information

Wearer Name _____

Mailing Address _____

City/State/Zip _____

Wearer Date of Birth _____

Guardian Name (If applicable) _____

E-Mail Address _____

Daytime Phone Number _____

2> Wearer or Guardian's Signature

I elect coverage on the instruments listed.

Wearer or Guardian Signature (Manditory) _____

These people are authorized to discuss my coverage _____

I want the: ☐ Loss & Damage Plan ☐ Loss, Damage & Repair Plan

Style: ☐ BTE ☐ RIC ☐ ITC ☐ HS ☐ ITE ☐ CIC ☐ MC Other _____

Manufacturer	Model	Serial #	Date of Purchase or Replacement	Exp. Date of Mfg. Warranty	Premium
Right Aid			Month/Day/Year	Loss / Repair	$
Left Aid			Month/Day/Year	Loss / Repair	$
Other			Month/Day/Year	Loss / Repair	$
				Total Amount Due	$

Does your patient wear another instrument that is still under mfg. warranty?

Manufacturer	Model	Serial #	Date of Purchase	Loss Mfg. Warranty Expiration Date

Practitioner Information

Office Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Center Number: _____

(Please call Midwest at 1-800-821-5471 to obtain center number)

Signature

I have examined the listed hearing instruments and certify they are in good working condition on the date shown below.

_____ _____

Practitioner Signature **Date**

(Inspection valid for 30 Days)

3> I wish to pay by:

Check made payable to Midwest Hearing Agency

Credit Cards accepted:

(Visa, MasterCard, American Express and Discover)

Name on Card: _____

Card #: _____

Expiration Date: _____

Mail this completed application and payment to: Midwest Hearing Agency, 3219 Fernbrook Lane, Plymouth, MN 55447 or

FAX this form with your credit card information to 952-835-9481

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For more information, contact us at

1-800-821-5471

or enroll online at

www.mwhi.com