

CONFIRMATION OF DELIVERY OF HEARING INSTRUMENT



Whereas both parties acknowledge and confirm delivery and fitting of the hearing instrument(s) described below has been made. Provider also confirms that the described hearing aid(s) have been fitted to the patient to the best of their ability. Patient acknowledges receipt and possession of described hearing aid(s).

Please supply the appropriate Group Name: _____

Hearing Aid Make & Model: _____

Serial Numbers: _____
Left Ear

Right Ear

Hearing Aid Fitting Date: _____

Battery Size: _____

Provider Signature

Patient Signature

Provider Printed Name

Patient Printed Name Date

Date

Date

Facility Name

I have received 48 batteries per hearing aid device.

Facility Phone Number

Patient Signature

Facility Fax Number

This form may be filled out and submitted to billing@greatlakesprovidernetwork.com if you are unable to complete the web submission.