

# **HEARING CENTER, INC.**

## **Credit / Refunds**

Speedway  
3850 Shore Drive

Greenwood  
8523 Madison Ave.

Avon  
5250 E. US Highway 36

Bedford  
1113 16<sup>th</sup> St

Comm. Hospital East  
1500 N Ritter Ave

Comm. Hospital Anderson  
1601 Medical Arts Blvd.

Kokomo  
931 S. Washington St

Comm. Hospital North  
7250 Clearvista Parkway

Bloomington  
359 S Landmark Ave

Muncie  
3700 N Briarwood Lane

Date: \_\_\_\_\_

**Patient**       **Insurance**       **Refund only**       **CitiHealth**  
(Refund form attached)      (Over payment)

**Name:** \_\_\_\_\_ Patient Acct# \_\_\_\_\_

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

### **Hearing Instrument Information**

Return hearing instrument for:  Credit  Exchange/Remake  Refund \$ \_\_\_\_\_

Refund for Over Payment:  Insurance \$ \_\_\_\_\_  Patient \$ \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Serial Number: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Reason for return or refund:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_