

RACHAP PATIENT PAYMENT INFORMATION



Life sounds brilliant.

Account #

Date:

MM/DD/YY

Contact Name:

Tel:

Veteran's Name:

Payment details

I authorize up to \$ _____ for the purchase/repair* of: 1 / 2 hearing instrument(s)

and/or accessories:

Power Supply:

Li-ion Portable Power Supply¹

TV:

Streamline TV²

Streamline Mic²

TV Transmitter³

Remote Control Options:

miniPocket™³

easyTek™³

easyTek W/ transmitter³

VoiceLink™⁴

easyPocket™¹

Chargers:

eCharger™

(1) Li-ion only

(2) For Nx and primax

(3) primax only

(4) requires easyTek

Credit card information

MasterCard

Visa

American Express

Security Code:

Exp.

Date:

Cardholder name: _____

Cardholder Phone #: _____

Cardholder Address: _____

Signature: _____

Date: _____