ESCO Inspection Form

ESCO requires an inspection of your hearing instruments to have been made by your Practitioner prior to granting coverage. This inspection must be made within thirty days of your application.

Please complete the Policy Holder Information requested below. Have your Practitioner complete the Hearing Instrument Information section.

Policy Holder Information

The information below is to be completed by the hearing instrument wearer or the parent/guardian of the wearer.

Wearer Name _____

Wearer Date of Birth _____

Parent/Guardian Name _____
(If applicable)

Mailing Address _____

City/Province/
Postal Code _____

E-Mail Address* _____

Phone Number _____

Wearer or Parent/Guardian Signature

I certify the above listed information is correct and my hearing instruments are in good working condition on the date shown below.

_____

Wearer or Parent/Guardian Signature *Date*

*This information is NOT required, but will help us to serve you better.

Please Mail completed form to:

ESCO
1710 Chateauguay Street
Huntingdon, QC J0S 1H0

OR

Fax completed form to ESCO at **450-264-3081.**

Hearing Instrument Information

The information below is to be completed by the practitioner.

Policy Information (If Applicable)

ESCO Policy Number _____

Effective Date _____ Expiration Date _____

Technology Check the appropriate box(es).

☐ Digital ☐ Programmable ☐ Implant

☐ Non-Programmable *(If applicable, also check box below)*
☐ *K-AMP* ☐ *WDRC* ☐ *CROS*

☐ FM System ☐ Other _____

Style (Check the appropriate box.)

☐ BTE ☐ ITE ☐ ITC ☐ CIC

☐ Other _____

Specifics	Right Ear	Left Ear
Manufacturer		
Model		
Serial #		
Purchase Date		
Purchase Price		
Exp. Date Of Manufacturer Warranty	☐ Loss _____ ☐ Repair _____ ☐ Not Applicable	☐ Loss _____ ☐ Repair _____ ☐ Not Applicable

Remote /Transmitter Serial # _____

Practitioner Information

Office Name: _____

Address: _____

City/Province/
Postal Code: _____

Phone Number: _____

ESCO Center Number: _____
(Please call ESCO 866-662-0206 to obtain center number)

Practitioner Signature

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

_____

Practitioner Signature *Date*

(Inspection valid for 30 Days)

1710 Chateauguay Street, Huntingdon, QC JOS 1H0 • FAX 450-264-3081
e-mail: jmorrison@earserv.com • web site: http://www.earserv.com

ear service corporation of Canada

Form #: ESCN-06 11/04