

Amplifon Hearing Health Care

Return & Exchange Process Quick Guide

July, 2016

Myamplifonusa.com Quick Guide

Sycle.net has been updated to enable the user to initiate a return or an exchange. Enhancements have been made to screens within Sycle.net. These changes are defined below.

All Returns & Exchanges must be completed within the 60-day trial period.

RETURN PROCESS

Process Steps

1. Log into Myamplifonusa.com and go to the **Activity** screen.
2. From the Activity Screen, locate the patient who is returning their hearing aid(s), then click the **Return/Exchange** link.

Note:

The Return/Exchange link will only be visible for 60 days from the Date of Service.

The Return/Exchange link and column will only be available in the Myamplifonusa.com Sales section of the Activity screen.

A **Not Available** link will appear in the following scenarios:

- A return has been posted and there are no active hearing aid(s) associated with the line item.
- Over 60 days have lapsed since the Date of Service.

3. The current equipment screen appears. Select **Return** for the hearing aid being returned (Left or Right) or select **Return Both** if both hearing aids are being returned.

Myamplifonusa.com View



Patient Name	Patient ID	Phone #	Category	Plan Name	Pricelist	Referral Date	Audiological Finding	Clinic	Receipt of Delivery	Additional Payment	Return/Exchange
Jane Doe	220556	(111) 111-1111	Funded	RED TAB FOUNDATION	View	10/08/2015	Level 3 - Moderate (41 to 55 DB)	AM123400	Print	Add	Not Available
Mary Smith	220558	(333) 333-2222	Discounted	AMERICAN HEALTHCARE GROUP	View	10/09/2015	Level 3 - Moderate (41 to 55 DB)	AM123400	Print	Add	Not Available
John Doe	220559	(111) 111-1111	Discounted	AETNA MEDICARE	View	10/13/2015	Level 3 - Moderate (41 to 55 DB)	AM123400	Print	Add	Return/Exchange

Dashboard Return/Exchange
Customer: John Doe

current equipment **return both** **exchange both**

return **exchange**

Left Ear

**Equipment: GN RESOUND ALERA 7 ALT767-DIW
BTE BTE Open Fit Digital**

**Serial Number: 345363463
Mfr Invoice #: 23425235235
Purchase Date: 10/20/2015**

return **exchange**

Right Ear

**Equipment: GN RESOUND ALERA 7 ALT767-DIW
BTE BTE Open Fit Digital**

**Serial Number: 3453636346
Mfr Invoice #: 23425235235
Purchase Date: 10/20/2015**

Process Steps

4. A Dashboard Return screen opens with the hearing aid detail populated.

Review the information and:

- Make any necessary edits
- Select a reason for return
- Add return tracking information, if available
- Click the **Submit** button

Note: For accessory returns, enter the description of the accessory after entering the hearing aid information. If only returning the accessory, complete the return form located under the resources tab.

Once you click the Submit button, Amplifon Hearing Health Care will be notified of the Return and will finish the process in Sycle.net.

Myamplifonusa.com View

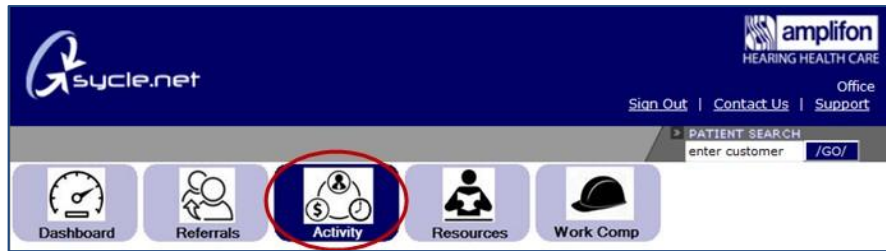
Dashboard Return	
Customer: John Doe	
patient information	
Patient Name: John Doe	Patient ID: 220559
Original DoS: 10/22/2015	Return Date: 12 18 2015
location information	
Clinic: AM123400	
Phone Number: (111) 222-3333	
manufacturer information for returned hearing aid(s)/accessories	
Hearing Aid Detail: GN RESOUND ALERA 7 ALT767-DIW BTE BTE Open Fit Digital	
Left Aid Serial #: 345363463	Right Aid Serial #: 34534636346
Accessories:	
Reason for Return: 001 - Difficult Fit	
return tracking information	
Returned Via (please select one):	Tracking Number:
<input type="radio"/> Fed Ex <input type="radio"/> UPS <input type="radio"/> Other	
<input type="button" value="submit"/> <input type="button" value="close"/>	

EXCHANGE PROCESS

Process Steps

1. Log into Myamplifonusa.com and go to the **Activity** screen.

Myamplifonusa.com View



2. From the Activity Screen, locate the patient who is exchanging their hearing aid(s), then click the **Return/Exchange** link.

Note:

The Return/Exchange link will only be visible for 60 days from the Date of Service.

The Return/Exchange link and column will only be available in the Myamplifonusa.com Sales section of the Activity screen.

A **Not Available** link will appear in the following scenarios:

- A return has been posted and there are no active hearing aid(s) associated with the line item.
- Over 60 days have lapsed since the Date of Service.

Processed Sales

Filters: AM1234 - Hearing Center, Inc. All Clinics

Amplifon Lite Sales

Patient Name	Patient ID	Phone #	Category	Plan Name	Pricelist	Referral Date	Audiological Finding	Clinic	Receipt of Delivery	Additional Payment	Return/Exchange
Jane Doe	220556	(111) 111-1111	Funded	RED TAB FOUNDATION	View	10/08/2015	Level 3 - Moderate (41 to 55 DB)	AM123400	Print	Add	Not Available
Mary Smith	220558	(333) 333-2222	Discounted	AMERICAN HEALTHCARE GROUP	View	10/09/2015	Level 3 - Moderate (41 to 55 DB)	AM123400	Print	Add	Not Available
John Doe	220559	(111) 111-1111	Discounted	AETNA MEDICARE	View	10/13/2015	Level 3 - Moderate (41 to 55 DB)	AM123400	Print	Add	Return/Exchange

3. The current equipment screen appears. Select **Exchange** for the hearing aid being exchanged (Left or Right) or **Exchange Both** if both hearing aids are being exchanged.

Dashboard Return/Exchange

Customer: John Doe

current equipment [return both](#) [exchange both](#)

[return](#) [exchange](#)

Left Ear

Equipment: GN RESOUND ALERA 7 ALT767-DIW
BTE BTE Open Fit Digital

Serial Number: 345363463
Mfr Invoice #: 23425235235
Purchase Date: 10/20/2015

[return](#) [exchange](#)

Right Ear

Equipment: GN RESOUND ALERA 7 ALT767-DIW
BTE BTE Open Fit Digital

Serial Number: 34534636346
Mfr Invoice #: 23425235235
Purchase Date: 10/20/2015

Process Steps

4. A hearing aid Return and Exchange Screen opens. Enter the **Return Date** and select the **Reason for Return** of the original hearing aid(s).

Myamplifonusa.com View

Hearing Aid Purchase

Return Date: 12 30 2015

Reason for Return: 001 - Difficult Fit

5. Enter the new hearing aid(s) in exchange area of the screen. Once entry of the new hearing aid(s) is complete, click the **Save** button.

Exchanging for PHONAK INC. AMBRA MICRO M BTE BTE Open Fit Digital (34536346)	Exchanging for PHONAK INC. AMBRA MICRO M BTE BTE Open Fit Digital (354353)
<p>Left Ear</p> <p>Manufacturer: OTICON</p> <p>Type: BTE Standard</p> <p>Model: ACTO BTE P</p> <p>Tech Level: Digital</p> <p>Battery Type: 13</p> <p>Serial Number:</p> <p>Amplifon Price: \$ 1795.00</p> <p>add discount</p> <p>Provider U&C Amount: \$</p> <p>Purchase Price: \$ 1795.00</p> <p>Purchase Date: 12 30 2015</p> <p>CPT/HCPC: V5257</p> <p>Sales Tax (MN only): <input type="checkbox"/> yes</p> <p>Mfr Warranty: 3 years</p> <p>L&D Warranty: 3 years</p> <p>Product Options:</p>	<p>Right Ear binaural fit</p> <p>Manufacturer: OTICON</p> <p>Type: BTE Standard</p> <p>Model: ACTO BTE P</p> <p>Tech Level: Digital</p> <p>Battery Type: 13</p> <p>Serial Number:</p> <p>Amplifon Price: \$ 1795.00</p> <p>add discount</p> <p>Provider U&C Amount: \$</p> <p>Purchase Price: \$ 1795.00</p> <p>Purchase Date: 12 30 2015</p> <p>CPT/HCPC: V5257</p> <p>Sales Tax (MN only): <input type="checkbox"/> yes</p> <p>Mfr Warranty: 3 years</p> <p>L&D Warranty: 3 years</p> <p>Product Options:</p>

[save](#)

6. The **Step 1: Audiological Findings** screen for the original sale opens. Review the information and then click the **Continue** button.

1 Audiological Findings > **2 Hearing Aid/Service Detail** > **3 Confirm & Pay** > **4 Print & Fax**

Customer: John Doe
 Patient ID: 218038
 First Visit Date: 12/02/2015
 Staff: James Smith

No Sale

Left Loss Level: Level 2 - Mild (26 to 4)
 Right Loss Level: Level 2 - Mild (26 to 4)
 Loss Type: Conductive
 Diagnosis 1: H90.71
 Diagnosis 2: ^
 Estimated Date of Fit: 12/30/2015

Audiogram can be uploaded. Please note: only .jpg, .jpeg, .gif, .png, and .pdf files under 5MB are allowed.
 Choose a file to upload [Browse](#) No file selected.

[continue](#) [cancel](#)

Process Steps

7. The **Step 2: Hearing Aid/Service Detail** screen opens. Review the information and then click the **Continue** button.

Note:

The original hearing aid(s) that were returned will appear as a negative line item and dollar amount. The new hearing aid(s) will appear as positive.

8. The **Step 3: Confirm & Pay** screen opens. Enter the patient payment, if applicable. Click the **Continue** button.

Myamplifonusa.com View

* To add an item, select category from dropdown and click "Add Item" button. Multiple items may be added.

Qty	Item	Description	Amount	Date of Service
-1	Hearing Aid	PHONAK INC. AMBRA MICRO M BTE BTE Open Fit Digital (34536346) Battery Type: 312	\$-2495.00	12/30/2015
-1	Hearing Aid	PHONAK INC. AMBRA MICRO M BTE BTE Open Fit Digital (354353) Battery Type: 312	\$-2495.00	12/30/2015
1	Hearing Aid	OTICON ACTO BTE P BTE Standard Digital Battery Type: 13	\$1795.00	12/30/2015
1	Hearing Aid	OTICON ACTO BTE P BTE Standard Digital Battery Type: 13	\$1795.00	12/30/2015

For Hearing Aid Purchases: [Warranty Information](#)

Insurance Pays: \$0.00
Patient Pays: \$3590.00
Total Due: \$3590.00

[continue](#) [cancel](#)

Confirm Patient

Patient: Barney Rehm
Patient ID: 218038
Address: 4315 Duncan Rd, Little rock, AR 72206
Phone:

Category: Discounted
Plan Name: CIGNA HEALTHY REWARDS
PO Number: AM00061165
Staff: Tammy Dunn

Confirm Sale

Qty	Item	Description	Amount	Date of Service
-1	Hearing Aid	PHONAK INC. AMBRA MICRO M BTE BTE Open Fit Digital (34536346) Battery Type: 312	\$-2495.00	12/30/2015
-1	Hearing Aid	PHONAK INC. AMBRA MICRO M BTE BTE Open Fit Digital (354353) Battery Type: 312	\$-2495.00	12/30/2015
1	Hearing Aid	OTICON ACTO BTE P BTE Standard Digital Battery Type: 13	\$1795.00	12/30/2015
1	Hearing Aid	OTICON ACTO BTE P BTE Standard Digital Battery Type: 13	\$1795.00	12/30/2015

For Hearing Aid Purchases: [Warranty Information](#)

Insurance Pays: \$0.00
Patient Pays: \$3590.00
Total Due: \$3590.00

Add Payment

For **Credit Card** Payments, please click the add payment button. If there are multiple Credit Card payments, click the add payment button for each transaction.
[add payment](#)

For **check** payments, please mail check and copy of the Receipt of Delivery to:
Amplifon Hearing Health Care
5000 Cheshire Parkway N.
Plymouth, MN 55446

For **Care Credit** payments, please fax the completed payment form to 888-371-5961.
[care credit](#)

* When you click the continue button, you are confirming the sale, payment, and you are submitting the information to Amplifon Hearing Health Care.

[back](#) [continue](#) [cancel](#)

Process Steps

9. The **Step 4: Print & Fax** screen opens. Click the **Print** button.

Myamplifonusa.com View

Please print the Receipt Of Delivery by clicking the Print button below.

Fax a signed (by customer and by provider) copy with the Manufacturer's Packing Slip at the time of delivery to 1-888-844-5713.
*All forms must be faxed within 24 hours of delivery.

When complete documentation is received by Amplifon Hearing Health Care, any additional required patient or insurance processes will be performed.

Please call Client Services at 1-800-920-4327 with any questions.

Thank you for your participation with Amplifon Hearing Health Care.

[print](#) [close](#)

10. Follow the current process for completing the Receipt of Delivery (ROD) document. Fax the ROD to Amplifon Hearing Health Care. Amplifon Hearing Health Care will finish the process in Sycle.net.

AM123400 MN - Plymouth
5000 Street B
Plymouth MN 55555
P: (333) 333-3333
F: (444) 444-4444

Receipt of Delivery

Patient's Name: John Doe
Address: 123 Green St, Anytown, MN 55555
Phone: (111) 222-3333
Patient ID: 218038

Insurance Plan Name: CIGNA HEALTHY REWARDS
PO Reference: HP040789
Diagnosis: H90.71

Item	Amount
1 Left Aid: OTICON ACTO BTE P Battery: 13; Mfr Wty Ends: 12/29/2018; Date of Service: 12/30/2015	\$1,795.00
1 Right Aid: OTICON ACTO BTE P Battery: 13; Mfr Wty Ends: 12/29/2018; Date of Service: 12/30/2015	\$1,795.00

180 free hearing aid batteries provided by Amplifon Hearing Health Care (per hearing aid purchased)

Subtotal: \$3,590.00 **Estimated Insurance:** _____ **Payments:** \$0.00

Warranty: A three year warranty is provided except for economy products. You acknowledge that no other or inconsistent

Note:

The Receipt of Delivery (ROD) will include only the active hearing aid(s), not the returned product(s).