



## Westone Cares Hearing Instrument Earmold Application

---

**Westone Cares:** Westone will provide one free pair of custom-fit hearing instrument earmolds to any patient who has been approved for any major manufacturer's charitable hearing instrument program (e.g. Starkey® Cares, Beltone® Foundation).

**To Qualify:** Hearing healthcare providers must provide a copy of the manufacturer's charitable donation application, the approval date from the manufacturer, and agree to our terms & conditions.

**Please Include:** This application, the hearing instrument manufacturers documents, impressions, and your Westone earmold order form for consideration.

### Required Information:

Patient Name: \_\_\_\_\_

Hearing Instrument Charitable Program: \_\_\_\_\_

Manufacturer's Approval Date: \_\_\_\_|\_\_\_\_|\_\_\_\_\_

### Required Documents:

- Manufacturer's Charitable Donation Application**
- Westone Earmold Order Form**

---

### Terms & Conditions Include:

1. *Westone Cares complementary custom-fit hearing-instrument earmolds are available to patients who have been approved by one of the following manufacturer's charitable giving programs: Amplifon, Demant, GN Hearing, Sonova, Starkey®, or WSAudiology.*
2. *Applications are only accepted from hearing healthcare practitioners that have a active Westone account that is in good standing.*
3. *Patient and hearing healthcare practitioner agree that Westone Laboratories, Inc. has the right to reproduce their names, company name and logo, story, and images in print and digital forms in perpetuity.*
4. *Westone Cares has limited availability and may not be available at all times.*

Westone Account Name: \_\_\_\_\_

Westone Account Number: \_\_\_\_\_ Account Phone Number: \_\_\_\_\_

Hearing Healthcare Provider Name: \_\_\_\_\_

Hearing Healthcare Provider Signature: \_\_\_\_\_

Westone Cares Application Date: \_\_\_\_|\_\_\_\_|\_\_\_\_\_

**Westone**<sup>®</sup>

1.800.525.5071

westone.com