



# ESCO Support Materials Order Form

Welcome to ESCO's network of practitioners offering their patients extended warranty coverage on hearing instruments! Please use this form to order custom printed support materials and other supplies that will help you describe and deliver ESCO coverage to your patients.



## Custom Printed Brochures

Please complete steps 1-3 to receive customized brochures. We will preprint your address, ESCO center number and your established copayments on each brochure. We will also list coverage pricing for the top manufacturers that you dispense.

### 1 Practitioner Information To Be Printed On Brochures

Office Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ESCO Center Number: \_\_\_\_\_  
(Please call ESCO to obtain center number)

### 2 Product Listing

Please select the top **FOUR** manufacturers from the list below that you primarily dispense. We will also include a separate price sheet that lists coverage costs for most manufacturers.

- |  |   |
|--|---|
| <input type="checkbox"/> Audina                            | <input type="checkbox"/> Oticon                       |
| <input type="checkbox"/> Audio D/Finetone                  | <input type="checkbox"/> Phonak                       |
| <input type="checkbox"/> Bernafon                          | <input type="checkbox"/> Phonic Ear                   |
| <input type="checkbox"/> Clarion (Advanced Bionics)        | <input type="checkbox"/> Qualitone                    |
| <input type="checkbox"/> Cochlear                          | <input type="checkbox"/> Rexton                       |
| <input type="checkbox"/> Electone                          | <input type="checkbox"/> Sebotek                      |
| <input type="checkbox"/> Entific (baha)                    | <input type="checkbox"/> Siemens                      |
| <input type="checkbox"/> GHI (General Hearing Instruments) | <input type="checkbox"/> Sonic Innovations            |
| <input type="checkbox"/> GN Resound                        | <input type="checkbox"/> Sonovation 216-217 MHz       |
| <input type="checkbox"/> Interton/AHS                      | <input type="checkbox"/> Sound Tec                    |
| <input type="checkbox"/> Janus Development                 | <input type="checkbox"/> Starkey                      |
| <input type="checkbox"/> Magnatone                         | <input type="checkbox"/> Symphonix                    |
| <input type="checkbox"/> MED-EL                            | <input type="checkbox"/> UHS (United Hearing Systems) |
| <input type="checkbox"/> Micro Tech                        | <input type="checkbox"/> Unitron Hearing              |
| <input type="checkbox"/> Nu-Ear                            | <input type="checkbox"/> Widex                        |
| <input type="checkbox"/> Omni                              |   |

### 3 Quantity Required

Custom Imprinted Item	Quantity Requested	
	Standard	Other Amount
Protection Plus Brochure/ Application Loss & Damage Coverage (Blue Cover)	<input type="checkbox"/> 20	<input type="checkbox"/> _____
Platinum Plan Brochure/ Application Loss, Damage AND Repair Coverage (Silver/Grey Cover)	<input type="checkbox"/> 20	<input type="checkbox"/> _____



## Other Supplies

For your convenience, the items listed below can be sent to you as electronic files (pdf format). This will enable you to print them as needed from your computer. If you prefer to receive these forms electronically, please check below and provide your email address. Paper forms can also be ordered below.

Item	Quantity Requested		
	Send Forms Via Email*	Standard Quantity	Other Quantity
Claim Form	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> _____
Inspection Form	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> _____
Change/Cancel Form	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> _____
Protection Plus/ Platinum Plan Price Sheet	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> _____

\*Email address \_\_\_\_\_  
(Required to receive forms in electronic format)

### Please Send Information On

- Reminder Care.** This recall service is FREE to practitioners. We will help you keep track of and contact your patients when it is time to consider extending their hearing instrument warranty and to come in for a service appointment.
- Patient Financing.** Credit card financing and a unique leasing program for hearing devices.
- Other \_\_\_\_\_

### Shipping Instructions

- Ship materials to the address printed on brochures
- Ship materials to address below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send your completed form to us via the FAX machine (763-559-4247) or to the address below.



800-992-3726 • 763-559-5999

3215 Fernbrook Lane North • Plymouth, MN 55447-5325

web site: <http://www.earserv.com>

e-mail: [practitioners@earserv.com](mailto:practitioners@earserv.com)