

Cochlear™ Baha® 6 Max Sound Processor Upgrade Order Form

PLEASE FILL OUT ALL FIELDS UNLESS INDICATED OTHERWISE..

01 Recipient Information

Name: _____

Email: _____

Phone: _____

Address: _____

Date of Birth: _____

Guardian Name (if child): _____

Gender: Male Female Non-binary Prefer not to say

Ear Side: Left Right

Preferred Language: English Spanish

Emergency Contact Name: _____

Emergency Contact Phone: _____

Additional comments (if needed): _____

02 Clinic Information

Clinic Name: _____

Clinic Email: _____

Audiologist Name: _____

MD/ENT Name: _____

PO#: _____

Bill to: _____

Ship to: _____

Shipping instructions: _____

03 Payment Method

I will pursue the Baha® 6 Max Sound Processor upgrade through Cochlear's Reimbursement & Insurance Services.

The self-pay discounted price does not apply.

Insurance Name: _____ Member ID: _____

I will self-pay the Baha 6 Max Sound Processor upgrade.

Pay out of pocket and/or seek insurance reimbursement on my own.³

04 Cochlear Baha 6 Max Sound Processor

Includes: User Guide, Cleaning Kit, Dri-Aid Storage Kit, Safety Line, Batteries (one pack) and an Abutment Cover. Pediatric orders also include a Tamper Resistant Battery Door and Sound Processor Stickers. Select color, solution type and snap coupling below.

Baha 6 Max Sound Processor

Color: Mint Black Brown Copper Silver Blonde

Solution Type: Baha Connect Baha Attract Baha Start (Softband or SoundArc™)

Snap Coupling

Cochlear recommends the 2mm extended snap coupling for patients who received their Baha Connect System prior to 2014. The additional clearance may help reduce feedback in your sound processor.

LowPro™ Snap Coupling 2mm Extended Snap Coupling

Baha Attract Orders Only


Attract upgrade orders also include: External Magnet, Magnet Color Cover (if applicable) and Cochlear SoftWear™ Pads (pack of 24).

Magnet Strength: 1M 2M 3M 4M 5M 6M Not sure. Please use current magnet strength on file.

Magnet Color Cover (External magnet is black): Brown Copper Silver Blonde

Baha Start Orders Only

All non-surgical orders include a Softband or SoundArc and Baha SoftWear™ Pads (unilateral: pack of six; bilateral: two packs of six). Select either the Softband or SoundArc and appropriate option(s) below.

Softband 

Type: Unilateral Bilateral

Color: Pink Light Blue Dark Blue
 Brown Black Blonde
 Red Jungle

SoundArc 

Type: Unilateral Bilateral

Size: XS (30.6cm) S (31.5cm) M (33cm)
 L (36cm) XL (39cm)

Color: Hair Matching Color Kit
 Fun Color Kit

05 Optional Second Sound Processor

I would like to purchase a backup sound processor at a discounted price.*

Sound Processor Color: Mint Black Brown Copper Silver Blonde

Magnet Strength (Attract System Orders Only):
 1M 2M 3M 4M 5M 6M Not sure. Please use current magnet strength on file.

06 Make It Your Own

Select one option from below. Optional backup sound processor does not include an accessory.

Accessories

Mini Microphone 2+ Phone Clip TV Streamer Zephyr by Dry & Store storage solution

Power Up Program (Medicaid Only)**

Enroll in the Power Up Program

Select as your accessory option to be eligible for up to 7 years of disposable batteries.

First year supply will ship with upgrade kit.

07 Submit Form

Email completed order form to customer@cochlear.com

Policy:

Return and Exchange Policy: 90-Day Trial Period. 90 days to exchange unopened accessories.

Warranty: 2-years for Baha Sound Processing unit. No questions asked.

* Second Sound Processor Option: Available within 90 days of upgrade order. No trade-in. This option is not eligible for insurance reimbursement. Backup sound processors are only available as a self-pay option.

** Batteries supplied as part of the Power Up Program are not eligible for exchange or refund. Yearly battery allocation to be redeemed in a single 365 day period. If not redeemed within the allotted time frame, battery allocation does not carry over. No cash value.

† Please keep in mind that if you choose to self-pay for an item generally covered by insurance, you may not be able to submit a claim on your own if Cochlear is contracted with your private insurance provider. Visit www.cochlear.com/us/insurancelist to see if Cochlear is contracted with your insurance provider. If Cochlear is contracted with your insurance provider, we suggest placing your order through Cochlear's Reimbursement and Insurance Services.

†† Cochlear is pleased to offer this discounted cash price when self-paying directly with Cochlear. This discount does not apply when placing an upgrade order through Cochlear's Reimbursement & Insurance Services. Insurance coverage and out-of-pocket expenses will vary depending on your insurance benefit coverage.

For more information on terms and conditions, please visit www.cochlear.com/us/upgrade.

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www.cochlear.com/us/upgrade • 800 587 6927 • customer@cochlear.com

Patient Name: _____

