

The Lions Hearing Conservation Society of NYS

Affordable Hearing Aid Program

Order Information

Please complete the following order information:

1). Sponsoring Club Information:

Club Name: _____

Club ID #: _____ Multiple District: _____ District: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Club Contact Person: _____

E-Mail: _____

Phone: _____

2). Shipping Information (Audiologist)

Name/Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

New Provider? Y/N Oticon Provider? Y/N

3). Recipient Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Application Enclosed? **Y/N**

Eligibility Form Enclosed? **Y/N**

4). Ordering Information:

****Club must request and receive a written notice from an audiologist stating client requires a hearing aid(s), number of hearing aids required for treatment, and must include the recommended Oticon model number.**

5). Payment Details:

Full payment is due with order.

Check or money order payable to: Lions Hearing Conservation Society

Address: PO Box 521, Waterford, NY 12188

Signature from Sponsoring Club: X _____

Office Use Only:

Application received? **Y/N**

Eligibility Form received? **Y/N**

LHCS approval received? **Y/N**

LHCS Tracking Number: _____