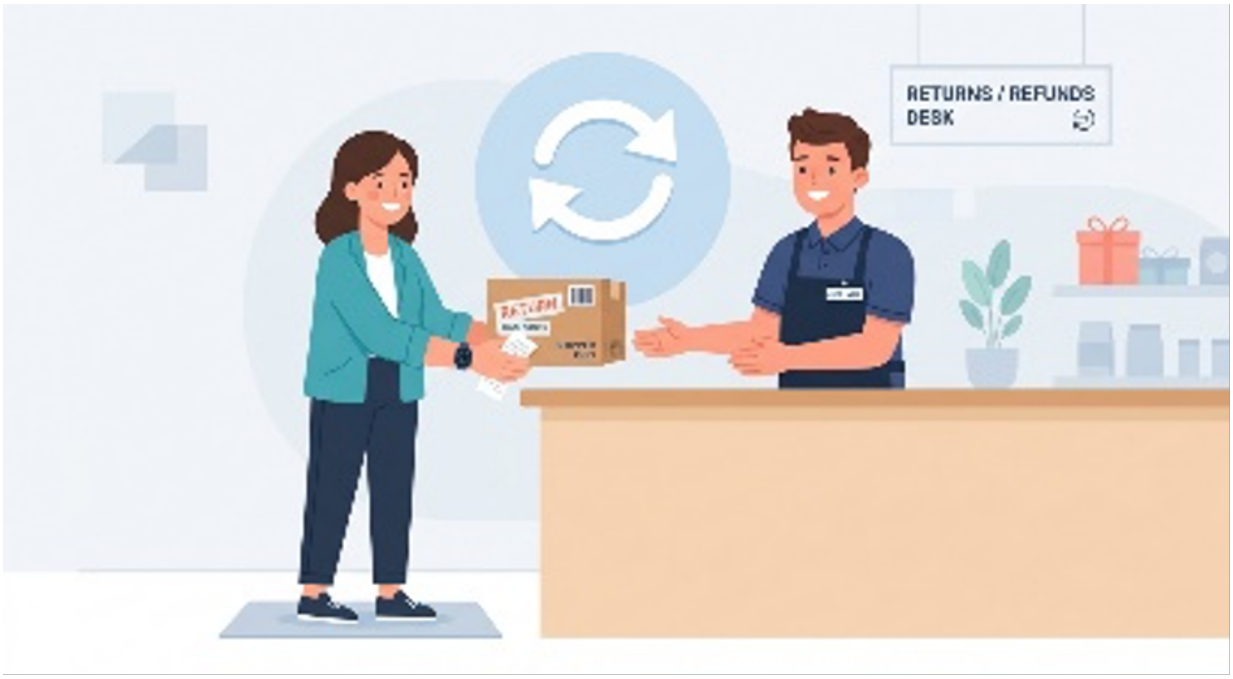
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Clinician's Corner

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Returns, Trials and Trust



Return policies are usually treated as fine print. They get explained at the end of a fitting, the patient initials the form, and the page goes in the file.

That is a missed opportunity. For many patients, the return and exchange policy is the moment they decide whether to trust the clinic and move forward with treatment at all. How a policy is designed, and how it is explained, says a great deal about the care behind it.

First, Remember What We Are Treating

It is easy to lose sight of this in conversations about pricing, warranties, and paperwork, but hearing aids are not a consumer gadget. They treat hearing loss.

Untreated hearing loss is linked to social isolation, depression, falls, reduced quality of life, and an increased risk of auditory processing concerns. The Lancet Commission on dementia has identified untreated hearing loss as one of the largest modifiable risk factors for dementia and general cognitive decline. Yet many adults wait years between noticing a problem and doing something about it.

Every policy, conversation, and recommendation in the clinic should be measured against one question: does it help this patient start treatment and stay in treatment? A return policy is not just a commercial safeguard. Done well, it is one of the most effective tools we have for reducing delay and building trust.

Why Patients Hesitate

Hearing aids are a significant purchase, and most patients are buying something they cannot properly judge in the clinic. A quiet sound booth reveals very little about a busy restaurant, a grandchild's voice, or a meeting at work.

So when patients hesitate, it is rarely about price alone. The real fear is being stuck with expensive devices that end up in a drawer. Many have heard that story from a friend, and some have lived it. When that fear goes unaddressed, patients delay, and every month of delay is another month of untreated hearing loss.

Let Them Live With It First

A policy built around trust starts from a simple idea: patients should be able to try hearing aids in their own lives before they commit. Lending demo devices lets people wear them at home, at work, and at the dinner table before buying anything. After purchase, a 30-day exchange or return window gives them a fair chance to decide. This window recognizes that the answer is often not "no to hearing aids" but "different hearing aids." Moreover, a multiyear warranty and loss and damage coverage mean one lost aid doesn't become a crisis.

These safeguards are typically bundled with a hearing aid purchase, so they're not unusual on their own. What makes the difference is when the policy is discussed. When it is explained early, before the patient has made any decision, it is reassuring. When it is mentioned only as an afterthought at the fitting, it can feel like a hidden catch.

Not Happy With One Brand? That Is Not The End of Treatment

This is where the choice of clinic matters most. Hearing aids differ more than many patients realize. Manufacturers take different approaches to sound processing, noise management, feedback control, and the overall character of the sound. Two devices fitted to the same audiogram can sound remarkably different to the same person.

Every brain responds to sound in its own way. One patient finds a particular device too sharp or tinny, while another finds the same device crisp and clear. A patient who is unhappy with one manufacturer may be delighted with another. That is not a failure of the patient or of hearing aids. It is simply a matter of fit, in the fullest sense of the word.

A clinic that works with only one or two manufacturers has limited room to respond when a device is not right. Too often, the patient returns the hearing aids, concludes that hearing aids "don't work for me," and walks away from treatment altogether. Sometimes for years.

A clinic that offers multiple brands can say something very different: "This one wasn't right for you. Let's try another option." The exchange becomes a step forward in treatment, not the end of it. The patient keeps going, and their hearing loss gets treated.

This is why the exchange window matters as much as the return window. A return ends the conversation. An exchange continues it.

The Return Fee Conversation

Many clinics charge a return fee for each ear, and custom products are typically nonrefundable. Neither needs an apology. A return represents real clinical time: the assessment, the fitting, verification, and every visit that follows. A fee simply reflects that work.

The fee itself is rarely the problem. Surprise is. Patients who hear about it on the first day, along with the reason for it, seldom object. Patients who discover it on day 29 feel misled, whatever the amount. Transparency costs nothing and protects the relationship, regardless of how the trial turns out.

Every Return Is Feedback

A return is easy to see as a lost sale, however, I think that it's more useful to see it as information. Perhaps expectations were set poorly, the fitting was rushed, or a check in was missed when the patient was struggling in the first couple of weeks. Perhaps they needed a different style, a different manufacturer, or simply more time. Clinics that review returns this way tend to see fewer of them, because they address the causes.

A few questions are worth asking in any practice. When does a patient first hear about the trial and return policy? Could they explain it back in a single sentence? If a patient is unhappy, how many real alternatives can the clinic offer? Does the team review returns together, or simply process the paperwork?

Choice, Flexibility and Transparency

Return and exchange policies matter because they build trust. But trust is not the end goal; treatment is. The best policy keeps a patient moving forward, even when the first device isn't the right one.

For patients, that means choosing a clinic that offers real choice across manufacturers, the flexibility to try, exchange, and adjust, and transparency about costs and options from the very first appointment. Patients should feel entitled to ask for all three.

For clinicians, it means holding our own practices to the same standard, and expecting it of the profession as a whole. When patients feel safe saying yes, they say it sooner. The sooner they say yes, the sooner their hearing loss is treated.