



Dear Owner,

Our process requires approval from you to have the Amplifon Team to create an account for your office staff to use the myamplifonusa.com system.

***This form must be signed by the owner or authorized contact for the account.***

Once you have signed the form below, please email it back to: [providerupdates@amplifon.com](mailto:providerupdates@amplifon.com).

If you have any questions, please call Amplifon at 1-800-920-4327.

Thank you,  
Amplifon Hearing Health Care Team

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***Myamplifonusa.com - FOA Account Approval Form***

Business Name:

Amplifon Account Number:

I, the owner; approve the office staff;  
account with access to:

to have myamplifonusa.com

One location only:

Address

City

State

Zip

I authorize the office staff to have myamplifonusa.com access to all locations  
credentialed with Amplifon.

Email address to send username and password:

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Signature:

Date:

Printed Name: