SteeperUSA Return Policy

Upper Limb Components or Skinergy Products

• Prior to returning any upper limb component or Skinergy product, please contact the Returns Department at SteeperUSA and request an RA Number (Return Authorization Number) by calling 210.481.4126.
• Receipt of returned products 30 days after invoice date will be charged a 20% re-stocking fee.
• Purchased items must be returned within 90 days of the invoice date to be eligible for a credit.
• Please complete the RSLQS0155 SteeperUSA Product Return Form - this must be included with the shipment to receive credit for the return.
• Returned products must be in re-salable condition, inclusive of original packaging, instructions, etc.
• Please mark the RA number in large letters on the outside of the box and ship to:

  SteeperUSA
  Warranty/Repair
  3619 Paesanos Parkway
  Suite 200
  San Antonio
  TX 78231

Custom Silicone

• Due to the nature of the product, custom silicone products are non-returnable.

Please contact Customer Services at SteeperUSA at 210.481.4126 for information or assistance.
PRODUCT RETURN FORM

In order to process your product return, it is imperative that this form is completed with the relevant information. Note – Without this information the return will not be processed. Returns must be received within 90 days from shipment.

Customer # ____________________ Original Purchase Order # __________ Original Invoice # ______

Product ______________________ Serial, Batch, LOT N’ (As applicable) ______________________ QTY ______

Date of Steeper notification ________ Steeper RTA # __________________________

Date Fitted ______________________ Date Failed __________________________

Action required: (Please identify) ☐ Costed Repair ☐ Warranty Repair ☐ Credit ☐ Replacement

Product within warranty period: Yes ☐ No ☐

Reason for the Return: ☐ Not Needed / Required ☐ Incorrectly Ordered ☐ Defective (explanation)
☐ Patient Rejected ☐ Wrong Size ☐ Other (explanation)

Description of the Fault__________________________________________________________
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