

Family Hearing Services, Inc.
14102 Sullyfield Circle, Suite 350c
Chantilly VA 20151
703-988-6767

HEARING AID PURCHASE AGREEMENT

Dr. Pinky Khatri agrees to sell, and the undersigned Purchaser agrees to purchase hearing aid(s) and accessories according to the terms set forth below.

NAME:
ADDRESS:
PHONE:
ACCT #:
PROVIDER: Pinky P Khatri, Au.D., CCC-A

HEARING DEVICE(S):

Right Aid	Make:	Model:	SN:	Warr/exp.
Left Aid	Make:	Model:	SN:	Warr/exp.
Remote	Make:	Model:	SN:	Warr/exp.
Right Receiver	Make:	Model:	SN:	Warr/exp.
Right Shell	Make:	Model:	SN:	Warr/exp.
FM Receiver LT	Make:	Model:	SN:	Warr/exp.
Adjustment Period Begins	Date:	Adjustment Period Ends	Date:	Extension Date:

By signing this contract, I have agreed to order following above device(s).

Warranty Information: A manufacturer's repair and loss & damage warranty comes standard per device ordered. The manufacturer will replace each device lost or damaged beyond repair during your warranty coverage only one time. A **deductible of 20%** of the cost will be charged per device replaced by the manufacturer. Warranty for loss and damage does not apply to **earmolds or other accessories**.

If, for any reason during the adjustment period, the use of amplification does not appear to be satisfactory, the cost of the hearing aid(s) will be refunded **less a \$250.00 professional fee**. The device(s) must be returned in good working condition and in proper working order. Fees for professional services, custom earmolds, batteries, and accessories are not refundable.

It is understood that an Audiologist is not a physician, or licensed to practice medicine, but is the most qualified to evaluate, test, recommend and fit hearing devices. If a medical issue is suspected to be causing your hearing loss, it would be in your best interest to seek a medical examination by a physician prior to purchasing hearing devices. Hearing devices will not restore normal hearing nor prevent any further hearing loss. I am over 18 years old and waive my right to see a physician for medical clearance and or understand that a medical condition is not causing my hearing loss. _____

It is understood that hearing device(s) and other accessories are not covered by most insurance plans. **This practice will submit claims for hearing devices. Patient understands that only an estimate is obtained from the insurance and there is no guarantee of payment and that he/she is fully responsible for any balance that is not paid by the insurance.**

REFUNDABLE ITEMS		NON-REFUNDABLE ITEMS	
HEARING DEVICES:		PROFESSIONAL FEE: \$250	
		EARMOLD(S):	
		ACCESSORIES:	
		Total Amount:	
DEPOSIT DUE AT ORDER:		BALANCE DUE AT FITTING:	
Date:	Purchaser:	Audiologist: Pinky P Khatri, Au.D. , CCC-A VA License 2101001904	