

The undersigned Seller agrees to sell and the undersigned Purchaser agrees to purchase the hearing aid(s) and accessories according to the terms set forth below:

PURCHASE AGREEMENT

PATIENT NAME:		DATE:		
<input type="checkbox"/> HEARING AID(S):	Manufacturer:	Model:		\$
<input type="checkbox"/> SERIAL(S):	Right:	Left:		
<input type="checkbox"/> INSTRUMENTS ARE:	New <input type="checkbox"/>			
<input type="checkbox"/> EARMOLD(S) Style:	Right <input type="checkbox"/>	Left <input type="checkbox"/>	Remake Period:	
<input type="checkbox"/> BATTERIES	Quantity	pkgs.	Size:	
<input type="checkbox"/> Receiver	Size:		Power:	
<input type="checkbox"/> BATTERY PROGRAM				
<input type="checkbox"/> REPAIR WARRANTY _____ years				
<input type="checkbox"/> LOSS COVERAGE (1 time each device) _____ years Deductible: 20%				
<input type="checkbox"/> PROFESSIONAL SERVICES Hearing aid(s) cleaned and checked at no charge until:				
<input type="checkbox"/> PROGRAMMING FEES Reprogramming of hearing aid(s) at no charge until:				
<input type="checkbox"/> Professional Fitting Fee/Services (Non-Refundable) \$250.00				
<small>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.</small>			NET PRICE	\$
			Deposit	\$
			Balance Due	\$
			Property belongs to seller until paid in full.	

I have been advised that I am entitled to a 30-day trial period with the above hearing aid(s). I understand that full payment of the purchase price is due at the time of the delivery. I have been further advised that \$250.00 NON-REFUNDABLE fee. This covers the materials and services necessary for the ordering and fitting of hearing instruments.

The Purchaser may return the hearing aid(s) for any reason within 30 days of the delivery date, provided the hearing aid(s) is(are) returned in satisfactory condition. The Purchaser is entitled to a replacement or a refund less the NON-REFUNDABLE fees described above.

30-Day Trial Starts _____ and Ends _____

I understand that no hearing aids will be accepted for return after the end of the trial period. I also understand that I will be required to schedule an appointment with an audiologist to return the instrument(s).

_____ (Initial)

I have been advised that the Seller is not a physician licensed to practice medicine; and no examination or representation made by the Seller should be regarded as a medical examination, opinion or advice.

Patient

Audiologist (License # 2201001462)