SERVICE OFFICE
M T W Th F

_____to_____

PURCHASE AGREEMENT (Alaska)

I ("Buyer") hereby purchase from HearUSA ("Seller"), the hearing system and equipment described below, agree to pay the purchase price written, and honor the following terms and conditions of the sale herein specified. The equipment is new unless indicated otherwise, and warranted against defects in material and workmanship for a period of _____ year(s) from the date of purchase. Remakes are warranted for one year only, and ear molds are warranted for remake/refit for 90 days. Ear molds are not covered for loss. In the case of loss or damage during the warranty period, a one-time replacement will be provided for hearing aids and remote controls, subject to a deductible of $_____ per hearing aid and, if applicable, $100 per remote control.

	Manufacturer	**Model**	**Serial No**	**Price**
Left				
Right				

Purchase Price	**$**
Professional Services – Testing, Fitting, and Follow-Up	**$**
Ear mold(s)	**$**
Special Features: _____	**$**
Remote Control	**$**
Hearing Test	**$**
Examination of Ear	**$**
Dispensing Services	**$**
In Office Service, Cleaning	**$**
Benefit	**$**
SUBTOTAL:	**$**
OTHER	**$**
NET PURCHASE PRICE PAYABLE:	**$**

Battery size _____

This hearing aid will not restore normal hearing nor will it prevent further hearing loss.

I am over the age of 18 and have been advised by HearUSA that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably one who specializes in diseases of the ear), before purchasing a hearing aid. I do not wish a medical evaluation before purchasing a hearing aid.

HearUSA – Purchase Agreement

INSURANCE

HearUSA cannot guarantee your benefits or eligibility with your insurance plan. Your insurance plan is a contract between you and your insurance company.

Upon completion of our Patient Information Form and your assignment of benefits, HearUSA will extend the benefit offered by your insurance company and file for reimbursement. HearUSA will handle all of the paperwork for you. All payments for services not covered by your insurance plan are expected at time of visit.

If your insurance company pays only a portion of the bill or denies the claim, an explanation should be made to you, their policyholder. Reduction or rejection of your claim by your insurance company does not relieve you of the financial obligation. HearUSA will notify you if this occurs and request payment in full.

_____ _____

Signature of Purchaser **Date**

_____ _____

Signature of Hearing Aid Dispenser **Dispenser's License No.** **Date**

DELIVERY RECEIPT

These hearing aid(s) are warranted to be specifically fit for the particular needs of you, the buyer. The hearing aid(s) may be returned to the seller within ___ days of the date of actual receipt by you or completion of fitting by the seller, whichever occurs later. If you return the hearing aid(s), the seller will either adjust or replace the device or promptly refund the amount paid less $0 per aid. This warranty does not affect the protections and remedies you may have under other laws.

Signature _____Executed this _____ day of _____, 20_____

Full Name *(Please Print)* _____Telephone ( ) _____

_____

Street Address City State Zip

_____ _____ _____

Signature of Hearing Aid Dispenser Dispenser's License No. Date