



SERVICE OFFICE  
M T W Th F

\_\_\_\_\_ to \_\_\_\_\_

**PURCHASE AGREEMENT (ARIZONA)**

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, 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 90 days. In the case of loss or damage during the warranty period, a one-time replacement will be provided, subject to a deductible of \$\_\_\_\_\_ per aid.

	<b>Manufacturer</b>	<b>Model</b>	<b>Serial No</b>	<b>Price</b>
<b>Left</b>				
<b>Right</b>				
<b>Purchase Price</b>				<b>\$</b>
Professional Services – Testing, Fitting, and Follow-Up				<b>\$</b>
Ear mold(s)				<b>\$</b>
Special Features: _____				<b>\$</b>
Benefit				<b>\$</b>
<b>SUBTOTAL:</b>				<b>\$</b>
<b>OTHER</b>				<b>\$</b>
<b>NET PURCHASE PRICE PAYABLE:</b>				<b>\$</b>

**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.

**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

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<b>Signature of Purchaser</b>	<b>Date</b>	
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<b>Signature of Hearing Aid Dispenser</b>	<b>Dispenser's License No.</b>	<b>Date</b>
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**CANCELLATION AND RETURN CONDITIONS**

The purchaser is hereby informed that the above-listed hearing instrument(s) may be returned within \_\_\_\_ days of the date of delivery in the same condition as when purchased, ordinary wear and tear excluded. The purchaser will be entitled to a full refund of the purchase price of the hearing instrument(s). Any refund due as described herein shall be made no later than 30 days after the return of the hearing instrument(s).

**ADVISEMENTS**

- 1) The purchaser has been informed about audio switch technology (also referred to as a “telecoil”, “t-coil” or “t-switch”), including benefits such as increased access to telephones and assistive listening devices.
- 2) If this hearing instrument(s) includes a telecoil or automatic telecoil, the purchaser has been informed regarding the proper use of this technology.
- 3) The purchaser is advised that deaf, hard of hearing, deaf-blind, and speech impaired residents of Arizona qualify for free telecommunication equipment through AzTEDP (Arizona Telecommunication Equipment Distribution Program). For more information, contact the Arizona Commission for Deaf and Hard of Hearing for a policy and procedures manual: 602-264-6876 (Phoenix Area) V/TTY; 866-223-3412 (502 & 928 Area Codes) V/TTY; 602-264-6914 Fax; e-mail: [info@acdhh.az.gov](mailto:info@acdhh.az.gov).

**Signature** \_\_\_\_\_ **Executed this** \_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_

**Full Name (Please Print)** \_\_\_\_\_ **Telephone ( )** \_\_\_\_\_

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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Signature of Hearing Aid Dispenser</b>	<b>Dispenser's License No.</b>	<b>Date</b>
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