

PURCHASE AGREEMENT (CONNECTICUT)

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 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.

	Manufacturer	Model	Serial No	Price
Left				
Right				
Purch	ase Price	\$		
Profes	sional Services – Testi	\$		
Ear mo	old(s)	\$		
Specia	l Features:	\$		
	e Control	\$		
Hearin	g Test	\$		
Examination of Ear				\$
Disper	sing Services	\$		
In Offi	ice Service, Cleaning	\$		
Benefi	t	\$		
SUBT	OTAL:	\$		
OTHE	R	\$		
NET P	PURCHASE PRICE PA	\$		

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

10455 Riverside Drive |Palm Beach Gardens, FL 33410 | Ph: 1-800-333-3389 | www.hearusa.com

HearUSA Page Two 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.

ANY BUYER WHO ORDERS A HEARING AID AND LEAVES A DEPOSIT OF ONE HUNDRED DOLLARS OR MORE WITH THE SELLER SHALL BE ENTITLED TO CANCEL SUCH ORDER AND DEMAND A FULL REFUND OF SUCH DEPOSIT, LESS ANY EXAMINATION COSTS, IF THE BUYER IS UNABLE TO INSPECT THE HEARING AID AT THE SELLER'S PLACE OF BUSINESS WITHIN FORTY-FIVE DAYS AFTER THE DATE THE SELLER RECEIVES THE DEPOSIT.

Signature of Purchaser	Date	
Signature of Hearing Aid Dispenser	Date	
		Name
of Hearing Aid Dispenser	HA Dispenser License Number	

REFUND & RETURN POLICY

The buyer has the right to cancel this purchase or rental for any reason at any time prior to midnight of the _____ calendar day after receipt of the hearing aid. No cancellation fee may be imposed.

DELIVERY RECEIPT

Signature	Executed/Delivered this	_ day of	, 20		
Full Name (Please Print)	Telepho	Telephone ()			
Street Address	City	State	Zip		
		State	21		

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