HearUSA
Hearing Care Network

SERVICE OFFICE
M T W Th F

_____to_____

PURCHASE AGREEMENT (GEORGIA)

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.

The purchaser was advised that the examination and recommendation was made by a licensed hearing aid dispenser, licensed audiologist, or audiology clinical fellow, and not by a licensed physician, and therefore is not a medical diagnosis or prescription.

	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.

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 _____

Is the purchaser the same as the as the hearing aid user? Circle: YES NO
If no, indicate the name and address of the hearing aid user:

Name: _____

Address: _____

_____ _____
Signature of Hearing Aid Dispenser Date

_____
Name of Hearing Aid Dispenser HA Dispenser License #

Serial number of audiometer used for examination: _____ Calibration date: _____

REFUND & RETURN POLICY

The hearing aid(s) may be returned to the seller within _____ days of the date of actual receipt by you (UNTIL DATE _____) or until completion of fitting by the seller, whichever occurs later. If you return the device, the seller will either adjust or replace the device or promptly refund the amount paid less $0 service fee per aid, for a refund amount of $ _____ per aid.

I read, understand and have signed or initialed a copy of the refund and return policy. The policy states that if, and up until what date, I can return the hearing aid(s) for a full refund, a partial refund of what percentage, or a full or partial credit. The policy also identifies what fees, if any, for services will be refunded or credited when the hearing aid is returned for refund or credit.

Purchaser signature or initials: _____.

DELIVERY RECEIPT

Signature _____Executed/Delivered this _____ day of _____, 20___

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

_____

Street Address City State Zip

_____ _____ _____

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