



**PURCHASE AGREEMENT (MARYLAND)**

This purchase agreement is for purchases made in seller’s place of business. If sale was made in a hospital or place other than seller’s place of business, this purchase agreement may not be used.

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, however, 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 has been advised at the outset of the purchaser's relationship with the hearing aid dealer and fitter that any examination or representation made by a hearing aid dealer and fitter in connection with the fitting and selling of this hearing aid is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this State and shall not be considered as medical opinion or advice.

|   | Manufacturer | Model | Serial No | Price |
|---|--------------|-------|-----------|-------|
| <b>Left</b>   |              |       |           |       |
| <b>Right</b>  |              |       |           |       |
| <b>Purchase Price</b>                                   |              |       |           | \$    |
| 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.

**You may cancel this purchase for any reason, at any time within \_\_\_\_ days after the date of delivery of the hearing aid. The seller may not withhold any amount from the purchase price.**

**Signature of Purchaser** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Hearing Aid Dispenser**                      **License #**                      **Date**

**Notice of Cancellation**

You may cancel this purchase of a hearing aid within \_\_\_\_ days from the date of delivery of the hearing aid. If you decide to cancel this contract: 1) you must provide notice of the cancellation in writing, within \_\_\_\_ days of the date of delivery of the hearing aid, to the seller at the address of seller; and 2) you must make the hearing aid available to the seller, in substantially as good condition as when you received it. The seller may not attempt to obtain a waiver of your rights to cancel. Cancellation entitles you to a refund of all money you paid. Cancellations must be made by \_\_\_\_\_ (date).

**Signature** \_\_\_\_\_ **Date of Purchase:** \_\_\_\_\_, 20\_\_\_\_

**Purchaser's Full Name (Please Print)** \_\_\_\_\_

