SERVICE OFFICE
M T W Th F

_____to_____

PURCHASE AGREEMENT (MAINE)

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 _____ years from the date of purchase. Remakes and recases, 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.

Any examination or representation made by a licensed hearing aid specialist in connection with the fitting and selling of this hearing instrument 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.

HearUSA will provide routine in-office service at no charge for one year after purchase including programming and hearing aid adaptation counseling.

	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 _____
Instructional brochure provided

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** _____

_____ _____ _____
Signature of Hearing Aid Dispenser **Certificate #** **Date**

DELIVERY RECEIPT

This hearing aid(s) is warranted to be specifically fit for the particular needs of you, the buyer. You have the right to cancel this purchase or rental for any reason within _____ days after receiving the hearing aid by you or completion of fitting by the seller, whichever occurs later. You have the right to cancel the transaction by submitting to the seller within _____ calendar days from the delivery of the hearing aid(s) a written opinion from a physician or audiologist stating that the hearing aid or aids are not advisable for the purchaser. If you return the hearing aid in the same condition, ordinary wear and tear excluded, as when purchased, the seller will either adjust or replace the device or promptly refund the full amount paid.

Signature _____**Date of Purchase:** _____**,20**_____

Purchaser's Full Name ***(Please Print)*** _____

_____
Purchaser's Street Address **City** **State** **Zip**

Telephone ( ) _____

Name of Hearing Aid Dispenser (Print) _____

Signature of Hearing Aid Dispenser _____

Certificate # _____