

SERVICE OFFICE M T W Th F

	to	
PURCHASE AGREEMENT (MONTANA)		

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, 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. Maintenance service for the hearing aid(s) is available through HearUSA.

	Manufacturer	Model	Serial No	Price
Left				
Right				
Purch	nase Price	1		\$
Profes	sional Services – Testir	ng, Fitting, and F	Follow-Up	\$
Ear mo	old(s)			\$
Specia	l Features:		_	\$
Remot	e Control			\$
Hearin	ig Test			\$
Exami	nation of Ear			\$
Disper	nsing Services			\$
In Offi	ice Service, Cleaning			\$
Benefi	t			\$
SUBT	OTAL:	·		\$
OTHE	R			\$
NET P	PURCHASE PRICE PA	YABLE:	·	\$

BATTERY SIZE	
Warranty information 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.

RIGHT TO C	CANCEL PROVIDED BY MONTA	NA LAW
cancel the sale within days o		id(s) or related device, or at the
IF YOU HAVE ANY QUESTION RESPECT TO HEARING AIDS A OF HEARING AID DISPENSER	otections and remedies you may have used to the second of	ER RIGHTS WITH ACT THE STATE BOARD ING AID DISPENSERS, 301
Purchaser Date	Signature of	
Signature of Hearing Aid Dispenser	Dispenser's License No.	Date
	DELIVERY RECEIPT	
Signature	Executed this day of	, 20
Signature of Hearing Aid Dispenser	Dispenser's License No. Date	

urchaser's Street Address elephone ()	City	State	Zip