



SERVICE OFFICE
M T W Th F

_____ to _____

PURCHASE AGREEMENT (OKLAHOMA)

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 only. 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 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 therefore must not be regarded as medical opinion or advice. Further, it is recommended that medical advice from a licensed physician should be obtained.

	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 _____ **Warranty**

Information Supplied

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

Signature of Hearing Aid Dispenser

Dispenser's License No.

Date

DELIVERY RECEIPT

**OKLAHOMA STATE LAW GIVES THE PURCHASER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON BY RETURNING THE HEARING AID TO THE HEARING AID PROVIDER AT ANY TIME PRIOR TO MIDNIGHT OF THE ____ CALENDAR DAY AFTER RECEIPT OF THE HEARING AID. BY LAW, THE HEARING AID PROVIDER MAY BE ENTITLED TO A CANCELLATION FEE NOT TO EXCEED TEN PER CENT (10%) OF THE TOTAL PURCHASE PRICE FOR THE HEARING AID OR SEVENTY-FIVE DOLLARS (\$75.00) PER HEARING AID, WHICHEVER IS LESS, TO COVER THE COSTS INCURRED BY THE HEARING AID PROVIDER. IF THE HEARING AID PROVIDER FAILS TO COMPLY WITH THIS PROVISION, COMPLAINTS SHOULD BE FORWARDED TO:
OKLAHOMA STATE DEPARTMENT OF HEALTH 1000 N.E. 10TH STREET OKLAHOMA CITY,
OKLAHOMA 73117**

REFUND & RETURN POLICY

Per HearUSA policy, the hearing aid(s) is warranted to be specifically fit for the particular needs of you, the buyer. The hearing aid(s) will not restore hearing nor will it prevent further hearing loss. You have the right to cancel this purchase for any reason within ____ days after receiving the hearing aid by you or completion of fitting by the seller, whichever occurs later. 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 amount paid less \$0 per instrument.

DELIVERY RECEIPT

Signature _____ Executed this _____ day of _____, 20_____

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

Street Address _____ **City** _____ **State** _____ **Zip** _____

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