

SERVICE OFFICE M T W Th F

PURCHASE AGREEMENT (SOUTH CAROLINA)

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 remake/refit for 90 days. Ear molds are not covered for loss. In the case of loss
or damage during the warranty period, a one-time replacement will be provided for hearing aids and
remote controls, subject to a deductible of \$ per hearing aid.

	Manufacturer	Model	Serial No	Price	
Left					
Right					
Purch	nase Price			\$	
Profes	sional Services – Tes	ting, Fitting, and	Follow-Up	\$	
Ear me	old(s)			\$	
Specia	al Features:			\$	
Remo	te Control			\$	
Hearir	ng Test			\$	
Exami	ination of Ear			\$	
Disper	nsing Services			\$	
In Off	ice Service, Cleaning			\$	
Benefi	it			\$	
SUBT	OTAL:	<u> </u>		\$	
OTHE	ER			\$	
NET I	PURCHASE PRICE I	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.

Signature of Purchaser	Date		
Signature of Hearing Aid Dispenser	Date		
Name of Hearing Aid Dispenser	Hearing Aid Dispenser L	<u>.ic.</u> #	
	REFUND & RETURN POL	ICY	
The hearing aid(s) may be returned or until completion of fitting by the will either adjust or replace the dever aid.	to the seller within day e seller, whichever occurs later	s of the date of act. If you return the	device, the selle
The hearing aid(s) may be returned or until completion of fitting by the will either adjust or replace the dever aid.	to the seller within day e seller, whichever occurs later ice or promptly refund the ame	s of the date of act . If you return the ount paid less \$75	device, the selle nonrefundable fe
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