HearUSA
Hearing Care Network

SERVICE OFFICE
M T W Th F

_____to_____

PURCHASE AGREEMENT (TEXAS)

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.

	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 _____

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.

☐ **Waiver/Medical Clearance Attached**

Date & time of follow-up appointment:

_____

Cancellation and Return Conditions:
The Client is hereby informed that the above-listed hearing instrument(s) may be returned in good working order to the Seller within _____ days of the date of delivery, i.e. no later than _____ [date], for a refund of the purchase price less a fee of $0 per aid. Any refund paid as herein described shall be made no later than 30 days after the return of the hearing instrument(s) to the Seller in good working order.

Licensed Hearing-Instrument Dispenser Not Qualified as a Physician:
The Client has been advised at the outset of his relationship with the undersigned fitter and dispenser of hearing instruments that any examination or representation made by a licensed fitter and dispenser of hearing instruments in connection with the fitting and selling of the hearing instrument(s) is not an examination, diagnosis, or prescription by a person duly licensed and qualified as a physician or surgeon authorized to practice medicine in the State of Texas and, therefore, must not be regarded as medical opinion or advice.

Complaints: If you have a complaint against a licensed fitter and dispenser of hearing instruments, you may contact the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, Telephone (512) 463-6599, Toll-Free (in Texas): (800) 803-9202 or website www.tdlr.texas.gov.

Executed this ____ day of _____, 20 ____If applicable, _____
License No. of Permit Holder

Printed Name of License Holder Signature of License Holder License No. of License Holder

Printed Name of Client Signature of Client Client's Telephone Number

Address of Client