



PURCHASE AGREEMENT (VIRGINIA)

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.

The purchaser has been advised that any examination or representation made by a licensed hearing aid dispenser in connection with fitting or selection 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.

	Manufacturer	Model	Serial No	Price
Left				
Right				
Purchase Price				\$
Ear mold(s)				\$
Special Features: _____				\$
Remote Control				\$
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.

Delivery

Signature _____ Executed/Delivered this ___ day of _____, 20_____

Full Name (*Please Print*) _____

Street Address City State Zip

Telephone () _____

Signature of Hearing Aid Dispenser Dispenser's License Number Date