

Purchase Agreement

DATE:

PATIENT: *Comments*

Address:

Phone:

Date of Birth:

Ear	Manufacturer	Model	Battery	Serial	Warranty Exp	L & D

Other Items

	Total Amount	
	Discount	
	Total Tax	
	BALANCE DUE	

WARRANTY & CONDITIONS

My new hearing aid(s) is offered with a 60-day adjustment period effective the initial fitting date. If I cannot adjust to the amplification during the adjustment period, I may return the hearing instrument(s) for a full refund, minus a \$190.00 return and fitting fee. My hearing aid is in repair warranty until:

(Left):
(Right):

My hearing aid is insured (for a one-time) loss & damage replacement until:

(Left):
(Right):

** \$395.00 deductible per unit applies.*

In the event I lose the instrument(s) during the adjustment period, the return for credit is void and I will be responsible for the balance due. Loss & damage insurance can be applied to replace the instruments.

_____ Patient Signature	_____ Date	_____ Audiologist's Signature	_____ Date
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