

PURCHASE AGREEMENT

Phone:
Fax:

PERSONAL INFORMATION

First Name

Last Name

Address

City

State

Zip

Phone

Email

Patient ID

DOB

INSTRUMENTS & EQUIPMENT

You have chosen the following instruments and/or equipment:

| Manufacturer | Serial Number | Item Model | Ear | Unit Price |
|--------------|---------------|------------|-----|------------|
| | | | | |
| | | | | |

Other Items

Total Amount

Discount

Total Tax

Deposit

Total Due

Provider:

Order date:

Warranty L:

Warranty R:

Loss and Damage L:

Loss and Damage R:

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 the date listed above.

My hearing aid is insured (for a one-time) loss & damage replacement until the date listed above. (\$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.

AGREEMENT

Audiologist signature

Patient Signature

Date

Patient Name - Printed