



# Hearing Aid Purchase Agreement

## PATIENT INFORMATION

Name (Mr.) (Mrs.) (Ms.) \_\_\_\_\_ Date \_\_\_\_\_

Hearing Aid Condition:  New  Used  Refurbished

### HEARING SYSTEM

	Brand	Model	Type	Receiver	Dome	
Right						\$ _____
Left						\$ _____

Hearing Aid Consultation, System Selection, Dispensing Fee, Ear Impression(s)	Included
Earmolds or Custom Receivers	\$ _____
Hearing Aid Warranty _____ Months	Included
Loss-Theft-Damage Insurance _____ Months (\$300 deductible per unit)	Included
Adjustment/Discount	\$ _____
Amount Billed to Insurance	\$ _____
Amount Billed to Patient	\$ _____
Less Down Payment Received with Order (Cash / Check / Credit Card)	\$ _____
Estimated Out-Of-Pocket Cost to Patient	\$ _____
Balance Due to Patient	\$ _____

**Terms of Sale:** All hearing aids are sold with a 60-day return privilege. If the described hearing aid(s) are found to be unsatisfactory to the buyer, the buyer may return the hearing aid(s) to the seller within 60 days from the date of delivery for a refund of the amount paid to date. All refunds will be made within 10 days of the date of return. \$\_\_\_\_\_ will compensate for any restocking fees if returned. \$\_\_\_\_\_ is refunded if you keep hearing aids past the 60-day trial period.

**Medical Waiver:** It is desirable that a person seeking help with a hearing problem (especially for the first time) consult an ear doctor and obtain a clinical hearing evaluation. Although hearing aids are often recommended for hearing problems, another form of treatment may be necessary. I understand that hearing aids will not restore normal hearing and that hearing aid batteries are harmful if swallowed.

**Regulatory Agency:** If you have concerns or complaints regarding your hearing aid purchase or the services provided, please contact our clinic directly so that we may attempt to resolve the issue promptly. If your concern is not resolved to your satisfaction, you may file a complaint with the Oregon Health Licensing Office (OHLO), which oversees hearing aid specialists and audiologists in Oregon.

Oregon Health Licensing Office | 1430 Tandem Ave. NE, Suite 180, Salem, OR 97301 | (503) 378-8667

**Warranty:** The manufacturer warranty will be honored by Aspen Audiology for repairs for the purchaser for the specified number of months, with the following exceptions: (1) the warranty does NOT include replacement or repair of earmolds; (2) the warranty does NOT include replacement of components due to loss, theft or user damage beyond repair. Instrument(s) may be replaced one time under the manufacturer loss-stolen-damage claim, with a deductible cost of \$300 per instrument within the warranty period. Routine follow-up care is included for a period of time determined by the terms of sale.

It is desirable that a person seeking help with a hearing problem (especially for the first time) consult an ear doctor and obtain a clinical hearing evaluation. Although hearing aids are often recommended for hearing problems, another form of treatment may be necessary.

Purchaser \_\_\_\_\_ Date \_\_\_\_\_

Audiologist \_\_\_\_\_ Date \_\_\_\_\_

Katy Mawson License #030912

### HEARING AID DELIVERY

	Serial Number	Delivery Date	Trial Period Expiration	Warranty Expiration
Right				
Left				

# Purchaser Rescission Rights

Notice to buyer: Do not sign this agreement before you read it or if any spaces intended for the agreed terms are blank. You are entitled to receive a copy of this agreement at the time you sign it. The seller's business address must be shown on the agreement.

## (SECTION 1) CANCELLATION—WITHIN THREE DAYS

PURCHASER'S INITIALS \_\_\_\_\_

- You may cancel this agreement within three days, without explaining your reasons, if the seller solicited it in person and you signed it at a place other than the seller's business address.
- To cancel this agreement without explaining your reasons, you must notify the seller in writing that you are canceling the agreement. You may deliver the written notice to the seller at the seller's business address. Alternatively, you may send the written notice by certified mail, return receipt requested, to the seller at the seller's business address.
- Your written notice must be mailed or delivered by midnight of the third business day after you signed this agreement.
- Any merchandise you received under this agreement must be in its original condition. You must return it to the seller or make it available to the seller at the same place it was delivered to you.
- The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement.
- You will incur no additional liability for canceling the agreement.

## (SECTION 2) RESCISSION—WITHIN 30 DAYS

PURCHASER'S INITIALS \_\_\_\_\_

- You may rescind (or terminate) the agreement within 30 days for reasonable cause. This 30-day period is called the "rescission period."
- To rescind this agreement, you must notify the seller in writing that you are rescinding the agreement for reasonable cause pursuant to RCW 18.35.185(1). Reasonable cause does not include cosmetic concerns or a mere change of mind. You may deliver the written notice by certified mail, return receipt requested, to the seller at the seller's business address.
- Your written notice must be mailed or delivered by midnight of the thirtieth day after delivery.
- Any merchandise you received under this agreement must be in its original condition, except for normal wear and tear. You must return it to the seller or make it available to the seller at the same place it was delivered to you.
- The seller must refund to you all deposits, including any down payment, and must return to you all goods traded in as part of the agreement. However, for each hearing instrument you return, the seller may keep either \$150 or 15 percent of the total purchase price, whichever is less. The seller also may deduct any costs incurred in making trade-in goods ready for resale.
- The seller must refund your money and return your traded goods, or have them postmarked and in the mail to you, within ten business days of receiving your notice of rescission.
- You will incur no additional liability for rescinding this agreement.

## (SECTION 3) EXTENSION OF RESCISSION PERIOD

PURCHASER'S INITIALS \_\_\_\_\_

- If you notify the seller within the 30-day rescission period that your hearing instrument has developed a problem that constitutes reasonable cause to rescind the agreement or that prevents you from evaluating your hearing instrument, the seller must extend the rescission period. The rescission period stops running on the date you notify the seller of the problem and starts running again on the date the seller notifies you that your hearing instrument is ready for delivery.
- You and the seller may agree to a rescission period longer than 30 days.
- Whenever the rescission period is extended, the seller provides you written notice of the last date upon which you may demand a refund and return of traded goods.

## (SECTION 4) NOTICE OF HEARING ASSISTIVE TECHNOLOGIES

PURCHASER'S INITIALS \_\_\_\_\_

- Prior to initial fitting and purchase, you must be informed, both orally and in writing, about the uses, benefits and limitations of current hearing assistive technologies. Hearing assistive technologies can supplement your hearing instrument and increase the intelligibility and clarity of speech in environments where hearing instruments alone may not provide optimal comprehension. Hearing assistive technology options can enable hearing instruments to connect with phones, computers, electronic sound sources and assistive listening systems, including the assistive listening systems compliant with the Americans with Disabilities Act.
- I am aware that the hearing instrument(s) referenced in this document include (please select all that apply):  
 Telecoil    Bluetooth®    Other: \_\_\_\_\_
- By signing this receipt, you acknowledge that you have been informed of your rescission rights and your rights under Section 4 of this section to receive oral and written information about hearing assistive technologies and that you have read and understand these rights.

Purchaser Signature

Date

Audiologist/ License #030912

Date