

SAMPLE HEARING AID PURCHASE AGREEMENT

ABC HEARING AID CENTER
123 MAIN STREET
ANYTOWN, MAINE 00000
207-123-4567

LICENSEE: _____
STATE LICENSE #: _____

DATE: _____
NAME: _____
ADDRESS: _____
TELEPHONE: _____

AMOUNT FINANCED: _____
MONTHLY PAYMENTS: _____
DATE PAYMENT DUE: _____
TOTAL # OF PAYMENTS: _____

SELLING PRICE: _____
DISCOUNTS/TRADE-INS: _____
TOTAL DUE: _____
DEPOSIT: _____
BALANCE DUE: _____

MANUFACTURER: _____
MODEL: _____
SERIAL #(R) _____ (L) _____
DELIVERY DATE: _____

Warranty: your (new, used, reconditioned) hearing aid is fully guaranteed by [Insert Business/Licensee Name and Address] against defects in material and workmanship for a period of ____ year(s) from date of delivery, during which period services and repairs will be made at no cost. The warranty does not cover cords, earmolds, tubing, or batteries and becomes void if an attempt to repair is made by other than those authorized by the company. If the instrument has been misused, damaged, or tampered with, a charge will be made. Postage and insurance is not covered.

Notice to purchaser: if not fully satisfied, the buyer has the right to cancel this sale within a thirty (30) day trial period from the delivery date upon the return of hearing aid(s) and devices with a full refund less the price of ear mold(s) ____ and lab fees _____. However, the purchaser has the right to cancel this transaction within sixty (60) days from the date of delivery if the purchaser consults an audiologist or licensed physician who in writing specifies that the hearing aid is not advisable and the medical reason why.

If you wish to register a complaint regarding this purchase, please contact: State of Maine, Department of Professional and Financial Regulation, Board of Speech-Language Pathology, Audiology and Hearing Aid Dealing and Fitting, 35 State House Station, Augusta, ME 04333-0035, telephone: (207)624-8660, or website: www.maine.gov/professionallicensing

Terms of service: the notice shall state the complete terms of service, including cost of service, what services are available, by whom and for how long such service will be provided, including house or office calls, when applicable, and the terms of after care fitting.

Any examination or examinations or representation or representations made by a licensed hearing aid dealer and fitter or a licensed audiologist in connection with the fitting and selling of such hearing aid or aids 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.

(PURCHASER'S SIGNATURE) _____ DATE: _____

(LICENSEE'S SIGNATURE) _____ DATE: _____