

**Newport Beach Hearing Aid Associates, Inc.**

361 Hospital Road, Suite 522

Newport Beach, CA 92663

949-642-2113

**Hearing Aid Purchase Agreement**

The undersigned purchaser agrees to purchase and Newport Beach Hearing Aid Associates, Inc., (NBAA) by its acceptance of this agreement, agrees to sell, subject to conditions herein specified, the Hearing Aids and/or associated items described below. Unless otherwise indicated, the equipment is new and warranted by the manufacturer against any defects in material and workmanship for a period of \_\_\_\_\_ year(s) from the date of the purchase. Follow-up care and reprogramming of the device(s) will be provided at no additional charge during the warranty period. Remakes are covered at no charge for a 1 year maximum warranty. In the case of loss or damage during the warranty period, a one-time replacement will be provided, subject to a deductible of \$\_\_\_\_\_ per aid. Ear molds have a separate warranty valid for 90 days after purchase.

Item Included and Charges:

\_\_\_\_\_  
Hearing Aid Manufacturer      Model      Serial Number      \$ \_\_\_\_\_  
Charge

\_\_\_\_\_  
Hearing Aid Manufacturer      Model      Serial Number      \$ \_\_\_\_\_  
Charge

\_\_\_\_\_  
Ear Mold Manufacturer      Model      Serial Number      \$ \_\_\_\_\_  
Charge

\_\_\_\_\_  
Remote Manufacturer      Model      Serial Number      \$ \_\_\_\_\_  
Charge

Battery Size: \_\_\_\_\_      **Total Charge:**      \$ \_\_\_\_\_

Pmt Amt: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Pmt Type: Check \_\_\_\_\_ / CC \_\_\_\_\_ Bal: \$ \_\_\_\_\_

Pmt Amt: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Pmt Type: Check \_\_\_\_\_ / CC \_\_\_\_\_ Bal: \$ \_\_\_\_\_

Pmt Amt: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Pmt Type: Check \_\_\_\_\_ / CC \_\_\_\_\_ Bal: \$ \_\_\_\_\_

Name of Purchaser: \_\_\_\_\_ Signature: \_\_\_\_\_

Hearing Aid Specialist: Wendy Meyer-Eberhard, H.A.S. ACA Signature: \_\_\_\_\_

License Number: HA4026 Date: \_\_\_\_\_

**Delivery Receipt**

The assistive device is warranted to be specifically fit for the particular needs of you, the buyer. If the device is not specifically fit for your particular needs, it may be returned to the seller within 30 days of the date of actual receipt by you or completion of fitting by the seller, whichever occurs later. If you return the device, the seller will either adjust or replace the device or promptly refund the total amount paid. This warranty does not affect the protections and remedies you have under other laws. A restocking fee may be charged to the patient when applicable (\$\_\_\_\_\_).

Name of Purchaser : \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Hearing Aid Specialist: Wendy Meyer-Eberhard, H.A.S. ACA Signature: \_\_\_\_\_

License Number: HA4026

*If the hearing aids are returned after the 30 day trial period the patient may be liable for fees related to the fittings and adjustments, restocking fee, and appointments provided by the hearing aid specialist. If you wish to inquire about these fees, please contact the office at 949-642-2113.*

Update: 7/6/11

