Please refer to this guide for the Purchase Agreement

Below you'll find examples, explanations, and requirements. This document is a legal document by state for the patient, and is to be given to the patient upon delivery. Further questions can be answered by our provider services team at: (877) 583-2842 or providerservices@hearingcaresolutions.com

**PURCHASE AGREEMENT (NEW YORK)**

I (“Buyer”) hereby purchase from Hearing Care Solutions (“Seller”), the hearing system and equipment described below, agree to pay the purchase price written, and honor the following terms and conditions of the sale herein specified. The hearing aids are new unless indicated otherwise, and warranted against defects in material and workmanship for a period of 3 years from the date of purchase. Remakes are warranted for one year only, and ear molds are warranted for remake/repair for 90 days. Ear molds are not covered for loss. **In the case of loss or damage during the warranty period, a one-time replacement will be provided for hearing aids, subject to deductible of no greater than $315 per hearing aid and $60 per ear mold, if applicable.** Accessories are warranted against defects in material and workmanship for a period of 1 year and are not warranted for loss or damage.

**Must be filled out in order to be paid**

**If Applicable**

**Obtained by HCS**

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Left Serial Number</th>
<th>Right Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bosetune</td>
<td>123456789</td>
<td>123456789</td>
</tr>
</tbody>
</table>

**MODEL:** Model T  &  **Style:** BTE

**Condition of Hearing Aid(s)**

Left: | Right: |  
---|---|---
New: HCS USE ONLY | HCS USE ONLY |  
Used: HCS USE ONLY | HCS USE ONLY |  
Reconditioned: HCS USE ONLY | HCS USE ONLY |  

**Purchase Price**

Professional Services – Hearing Evaluation, Fitting, and Follow-Up (co-pay may apply) $ + $3,100.00

Ear mold(s) Standard or Encased

Special Features: Remote $ + $120.00

Benefit: This information is on the provider portal or emailed paperwork $ + $500.00

**SUBTOTAL:** $ = $2,840.00

Applicable Taxes

**OTHER:** $ = $277.20 at 8.0 %

**NET PURCHASE PRICE PAYABLE:** $ = $3067.20

**PAYMENT RECEIVED:** 01/01/2015

**BATTERY SIZE:** 312

Johnny Askissed  
Signature of Purchaser  
01/01/15  
Date

Raymond Carhart  
Signature of Hearing Aid Dispenser  
01/01/15  
Date

Raymond Carhart  
Name of Hearing Aid Dispenser  
A123456  
Dispenser License Number

Be sure to include all signatures and dates

Failure to adhere to the procedures herein could result in non-payment of service fee.

Questions, please contact Provider Services at 1-877-583-2842 or at providerservices@hearingcaresolutions.com

Revised: 02/13/15
# Delivery Receipt

This 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 45 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.

Effective January 1, 2015, California requires that the Delivery Receipt must include the delivery date and expiration date of the trial period (45 days). In addition, for hearing aids that are out of the buyer’s possession due to replacement, service, or repair, the delivery receipt shall include the date of redelivery to the buyer and the revised warranty expiration date.

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<table>
<thead>
<tr>
<th>Must be filled out in order to be paid</th>
<th>If Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Date of Delivery to Buyer:</strong></td>
<td><strong>Fit Date</strong></td>
</tr>
<tr>
<td><strong>Month/Day/Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>03/02/15</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Trial Period Expiration Date (45 days):**

<table>
<thead>
<tr>
<th><strong>Month/Day/Year</strong></th>
<th><strong>Trial Period Ends</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>04/16/15</strong></td>
<td>You’re office will be paid <strong>15 days after</strong> the end of the trial.</td>
</tr>
</tbody>
</table>

**Date of Redelivery to Buyer (Trial Resumes)**:

<table>
<thead>
<tr>
<th><strong>Month/Day/Year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>03/20/15</strong></td>
</tr>
</tbody>
</table>

**Revised Trial Period Expiration Date**:  

<table>
<thead>
<tr>
<th><strong>Month/Day/Year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>05/04/15</strong></td>
</tr>
</tbody>
</table>

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**Signature**  
Johnny Appleseed  
**Executed this** 03 **day of** 02 , 20 15

**Full Name (Please Print)**  
Johnny A. Appleseed  
**Telephone** (501) 612-5555

**Address**  
4 Plum Lane, Smithsville, TA 55005

**Dr. John Smith**  
**Dispenser's License No.**  A0215  
**Date** 03/02/15

**Office Address**  
12 Hearing Ave, Smithsville, TA 55005

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**Failure to adhere to the procedures herein could result in non-payment of service fee**

Questions, please contact Provider Services at 1-877-583-2842 or at providerservices@hearingcaresolutions.com

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**Revised: 03/09/15**