

# Advanced Hearing Services, Inc.

\* Quality Healthcare for the Hearing Impaired Since 1976 \*

DOUGLAS H. BREITHAUPT, MS  
LORI E. HANLINE, AuD  
CAROL M. HUDNER, MS  
REBECCA L. LEVY, MED  
MOLLY J. QUATTRO, AuD  
CHRISTINE A. SOFIE, AuD

AUDIOLOGY  
Virginia License #73  
Virginia License #1373  
Virginia License #1369  
Virginia License #1235  
Virginia License #1370  
Virginia License #610

HEARING AID DISPENSING  
Virginia License #335  
Virginia License #1704  
Virginia License #2416  
Virginia License #1575  
Virginia License #2420  
Virginia License #1128

PATIENT NAME: \_\_\_\_\_

CHART NO. \_\_\_\_\_

## Notice of Buyer's Rights

**It is felt that our patients should not pay for services or materials which are not of benefit. For this reason, you may obtain a 100% refund on the cost of the hearing aid(s) excluding \$\_\_\_\_\_ professional fee if the hearing aid order is cancelled or purchased then returned by the purchaser, in person, within 30 days of the hearing aid delivery specifically for a refund.**

The manufacturer warranties each new hearing aid to be free from all defects in workmanship and materials for a period of \_\_\_\_\_ year(s) from the date of purchase and will make all necessary repairs to correct any such defects promptly and without charge to the registered owner during the warranty period. \_\_\_\_\_ year loss/irreparable damage coverage for one claim per hearing aid with \$400.00 deductible per instrument. (*earmolds and accessories not included*)

It is understood by the hearing aid candidate and/or purchaser that the hearing aid dealer and fitter is an audiologist, not a physician, nor is he licensed to practice medicine, and any examination or representation made by such, should not be regarded as a medical examination, opinion, or advice. **It is also understood by the hearing aid candidate and/or purchaser that Advanced Hearing Services, Inc. does not participate or contract with any insurance company and, therefore, the full purchase price of the hearing aid is the patient's responsibility.**

The hearing aid candidate should be aware that this hearing aid(s) will not restore normal hearing, nor will it prevent further hearing loss.

We agree to provide the following at no greater cost than indicated below.

Earmold(s) — Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ \$ \_\_\_\_\_

Hearing Aid — Manufacturer \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ \$ \_\_\_\_\_

Chargeable Accessories: \_\_\_\_\_ \$ \_\_\_\_\_

N/C Accessories: \_\_\_\_\_ \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

**TOTAL DUE UPON DELIVERY: \$ \_\_\_\_\_**

The undersigned Seller agrees to sell and the undersigned Purchaser agrees to purchase hearing aid(s) and accessories according to the terms set forth above:

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

**Full payment of total due is required on the date the hearing aid is delivered and fit.**

Date Delivered \_\_\_\_\_ Payment \_\_\_\_\_ Date Paid \_\_\_\_\_

Form No 106CR, June 01

8316 ARLINGTON BOULEVARD • SUITE 330 • FAIRFAX, VIRGINIA 22031 • PHONE: 703/573-7606  
1850 TOWN CENTER PARKWAY • SUITE 305 • RESTON, VIRGINIA 20190 • PHONE: 703/834-2907  
6201 CENTREVILLE ROAD • SUITE 400 • CENTREVILLE, VIRGINIA 20121 • PHONE: 703/968-9087

**\* SAME FAIRFAX LOCATION SINCE 1976 \***