



Columbine Hearing Care

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Littleton, CO 80120
Phone: (720) 689-7989
Fax: (720) 575-5601
columbinecares.com

Purchase Agreement

Patient Name: John Test

DOB: 08/02/2020

Address:

City/State/Zip: ,

Phone

Email:

INSTRUMENTS & EQUIPMENT

You have chosen the following instruments and/or equipment:

Service Plan Expiration:

WARRANTY & CONDITIONS

Trial Period: My new hearing instrument(s) is offered with a 60-day adjustment period effective the initial fitting date. If I cannot adjust to the amplification during the adjustment period, I may return the hearing instrument(s) for a full refund minus a \$150.00 fitting fee.

Warranty Coverage: My hearing instrument(s) is covered under a repair warranty until: (deductible per unit applies). In the event I lose the instrument(s) during the adjustment period, the return for credit is void and I will be responsible for the balance due.

Medical Evaluation: It is in my best interest to be evaluated by a physician prior to purchasing hearing aids. I may waive this evaluation by signing below.

Remediation: Audiologists and Hearing Aid Providers are regulated by the Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations. Consumer complaints which cannot be resolved with the provider may be filed with The Office of Audiology Licensure at 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303-894-7429, www.dora.state.co.us/audiologists.

AUDITORY REHABILITATION

By signing below, I agree to receive the weekly emails that are part of the 5 Keys to Communication Success auditory rehabilitation program. I understand that I will receive one email per week for 52 weeks (1 year). I agree to read each email and apply the learnings as part of my hearing loss treatment plan.

Patient:

John Test

Audiologist:

Dusty Jessen, Au.D.
License #: AUD.0000344 Exp 03/2022

Date: 08/27/2020