

Service & Warranty Agreement

Current Patient



AUDIBEL

Patient Name: _____ Cycle ID#: _____

HEARING AIDS

LEFT

RIGHT

Make & Model: _____

Serial #: _____

SERVICE AGREEMENT

For the above-mentioned patient and hearing aid(s), the service plan selected below will be provided:

Current Patient Plan

- VIP Service:** Full Service Plan, Therapy Plan, Maintenance Plan, and VIP Discounts
- Preferred Service:** Full Service Plan
- Basic Service:** Limited Service Plan

The service period begins on: _____ and ends on: _____

_____ For optimal performance, hearing aids require ongoing in-office care and maintenance provided by a hearing healthcare professional. I am choosing to decline the above service plan offerings and agree to pay charges on the service summary for services rendered at future visits. Date: _____
Initial

WARRANTY AGREEMENT

For the above-mentioned patient and hearing aid(s), the service plan selected below will be provided:

- Warranty and Loss & Damage:** \$499 L&D Deductible
- Loss & Damage:** \$499 L&D Deductible
- Repair Only**

The Repair Warranty period begins on: _____ and ends on: _____

The Loss & Damage Warranty period begins on: _____ and ends on: _____

Patient Signature: _____ Date: _____

_____ To protect your investment in hearing aids, it is highly recommended having warranty coverage. I am choosing to decline the above warranty offerings and agree to pay full repair charges in cases of hearing aid dysfunction and full replacement (new aid) charges in cases of Loss or Damage. Date: _____
Initial