

Medical Exam Waiver Statement

I have been advised by HearSource.com & any or all of their representatives, that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. **I do not wish a medical evaluation before purchasing hearing aids.**

X _____
Waiver Signature Date

In addition to placing your order, by signing the above line, you are also stating that you are 18 years of age or older, you have read and understand the required F.D.A. notice and have made an informed decision to purchase hearing aids without being seen by a physician. Additionally, by purchasing hearing aids from HearSource.com you agree that you are the person that will be the end user and wearer of the hearing aids. You also agree that the reason for purchasing hearing aids from HearSource is for the purpose of personal use only and not for competitive research, resale, or any other reason.

Purchase Agreement, Warranty, & 30 Day Return Policy on all HearSource products. By purchasing products or services from HearSource, you do hereby agree to the following new product warranty, hearing aid repair warranty, return policy, and other policies listed below.

New Product Warranty: All HearSource hearing aids or any other new merchandise or products purchased from HearSource.com is warranted against material or manufacturing defects for a period of **one year** from the date of shipping from our facility to your address. At our sole discretion we may repair, exchange, replace or upgrade any defective product that you have purchased from us. Additional/extended warranties are available for purchase at additional cost. Please contact HearSource for additional information concerning extended warranties. This warranty is non-transferable and applies only to the original purchaser. **To obtain warranty service on any HearSource product, please include a check for processing, shipping & handling of \$19.95.**

Hearing Aid Repair Warranty: All hearing aids repaired by HearSource are warranted for six months from the date of shipment to you unless you have requested and paid the additional \$30 costs for a one year warranty. **To obtain warranty service on any HearSource repair, enclose a check for processing, shipping & handling for \$19.95.**

Return Policy, 30-Day Money Back Policy, Venue & Attorneys fees Agreement: If, for any reason, you are not satisfied with your purchase, contact HearSource at (765) 522-1774 and request a **Return Merchandise Authorization (RMA) number**. You must return the item in its original, unused condition (including all original packaging and accessories) within 30 days of our shipping date to you of any product for refund, less a 10% dispensing/restocking fee & your shipping costs back to us. Any returned merchandise must be received by us at HearSource, 102 Northfield Drive East, Bainbridge, IN 46105 location within 30 days of our shipping date to you. Merchandise will not be accepted for return without the our RMA number clearly identified on the outside of any return packaging. You may return any item for exchange or replacement within 30 days of the shipment date due to material defect or damage during shipment call (765) 522-1774, Monday through Friday, 9:00 am to 5:00 pm, Eastern Time Zone, USA, to obtain your required RMA authorization number. Your shipping and handling charges for products you ship to us are non-refundable. We recommend that you **insure** your return; as we cannot be held responsible for products lost or misdirected via shipping. **A 10% dispensing/restocking fee will be deducted from all returned orders.** With our RMA # clearly identified in the shipping address back to us, please ship return merchandise to: **HearSource, RMA #XXXXXX, 102 Northfield Drive East, Bainbridge, IN 46105.** Further the Purchaser agrees that any disputes, claims, or grievances that may arise as a result of the terms and conditions of this purchase or agreement and/or limited warranty, challenging any terms or conditions of this purchase or agreement or any dissatisfaction with said product or the enforcement, or attempted enforcement of any of the terms of this purchase or agreement and/or limited warranty in part or in its entirety shall be made in the state of Indiana, and in the county of Putnam. Further, in event that purchaser engages in litigation and is unsuccessful; purchaser shall be responsible for sellers reasonable legal fees.

By signing below the undersigned agrees to purchase and agrees to the policies listed above.

Purchaser Signature: _____ Date: _____

Medical Questions

(Please check yes or no)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you suffer from acute or chronic dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have pain or discomfort in your ears? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a history of sudden or rapidly progressive hearing loss in the previous 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you experienced unilateral hearing loss of sudden or recent onset within the previous 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you noticed active drainage from the ear within the previous 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have visible congenital or traumatic deformity of the ear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have visible evidence of significant cerumen (earwax) accumulation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a air-bone gaps equal to or greater than 15 dB at 500Hz, 1000Hz, and 2000Hz? | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill out this form and fax, email, or mail back to:

**HearSource
102 Northfield Drive E.
Bainbridge, IN 46105**

**Fax: 765-522-1553 or
email: medrcords@hearsource.com**