

Name (Please Print) _____ Address _____ Phone _____

Please complete the following 3 steps so we may process your order for hearing devices.

Step 1: Review Hearing Device User Guide

hi ITC™ User Guide www.hihealthinnovations.com/ITCUG
 hi BTE mini™ User Guide www.hihealthinnovations.com/BTEminiUG
 hi BTE™ and BTE power™ User Guide www.hihealthinnovations.com/BTE/BTEpowerUG

*If you do not have internet access, please call **hi HealthInnovations** to receive the above information.*

Step 2: It is in your best health interest to have a medical evaluation by a physician before purchasing hearing aids. We encourage you to have a medical evaluation and have your physician complete the Physician Certification Form (Option#1). If you decide to proceed with a hearing aid purchase without a medical evaluation, you must review and sign the statement at Option #2 below.

Step 2: Option #1: Physician Certification Form

The following information relates to _____, a patient in my care.
Patient Name

I evaluated this patient's hearing loss within the last six months. This patient may be considered a candidate for hearing aids.

Physician's Signature *Date*

License # *Phone #*

Step 2: Option #2: If you decide to proceed with a hearing aid purchase without a medical evaluation, you must review and acknowledge the FDA Waiver below.

I have been advised by hi HealthInnovations 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 a hearing aid. I am over 18 years of age and want to continue with this purchase.

Please consult a licensed physician or an ear specialist if you experience any of the following:



- Visible congenital or traumatic deformity of the ear.
- Active drainage from the ear within the previous 90 days.
- Sudden or rapidly progressive hearing loss within the previous 90 days.
- Acute or chronic dizziness.
- Unilateral hearing loss of sudden or recent onset within the previous 90 days.
- Visible evidence of significant wax (cerumen) accumulation or a foreign body in the ear canal.
- Pain or discomfort in the ear.

Step 3: Review Bill of Sale attached to this form or go to www.hihealthinnovations.com (click on "Physician Certification and Order Form" in the footer). *If you do not have internet access, please call **hi HealthInnovations** to receive the above information.*

- I have reviewed the User Guide for my selected device.
- My physician has completed the Physician Certification Form **OR**
- I have reviewed and agree with the terms of this FDA Waiver about hearing aids.
- I have reviewed and agree with the terms of the Bill of Sale.

Signature *Date*

Please send the completed form to hi HealthInnovations™ by one of the following methods:

-  **Fax:** 1-877-955-4336
-  **Mail:** hi HealthInnovations
 3022 Momentum Place
 Chicago, IL 60689-5330

Thank you for choosing hi HealthInnovations™ for your hearing health needs.
 Follow steps 1-7 to place your order. Please attach a copy of your audiogram to this order form.

1. Select Device	2. Choose Color	3. Which Ear?*
 hi ITC™ (In-The-Canal)	<input type="checkbox"/> Beige <input type="checkbox"/> Black	<input type="checkbox"/> Both (\$1903) <input type="checkbox"/> Left (\$954) <input type="checkbox"/> Right (\$954)
 hi BTE mini™ (Behind-The-Ear)	<input type="checkbox"/> Silver <input type="checkbox"/> Champagne <input type="checkbox"/> Black	<input type="checkbox"/> Both (\$1503) <input type="checkbox"/> Left (\$754) <input type="checkbox"/> Right (\$754)
 hi BTE™ (Behind-The-Ear)	<input type="checkbox"/> Silver <input type="checkbox"/> Champagne <input type="checkbox"/> Black	<input type="checkbox"/> Both (\$1503) <input type="checkbox"/> Left (\$754) <input type="checkbox"/> Right (\$754)
 hi BTE™ telecoil† (Behind-The-Ear)	<input type="checkbox"/> Silver <input type="checkbox"/> Champagne	<input type="checkbox"/> Both (\$1563) <input type="checkbox"/> Left (\$784) <input type="checkbox"/> Right (\$784)
 hi BTE power™ (Behind-The-Ear) <i>Requires a custom ear mold that is not included.</i>	<input type="checkbox"/> Silver <input type="checkbox"/> Champagne	<input type="checkbox"/> Both (\$1503) <input type="checkbox"/> Left (\$754) <input type="checkbox"/> Right (\$754)

*Call for member exclusive pricing if you are enrolled in either a Medicare Advantage, Medicare Prescription Drug Plan, or Medicare Supplement Plan insured by UnitedHealthcare®.

4. Shipping Address

Name First _____ MI ____ Last _____
 Address _____ Apt no. _____
 Address _____
 City _____ State _____ Zip _____

5. Billing Address

Same as Shipping Address
 Name First _____ MI ____ Last _____
 Address _____ Apt no. _____
 Address _____
 City _____ State _____ Zip _____

6. Payment Information**

Visa MasterCard Gift Card

Debit/Credit Card Number OR Gift Card Number (10 digits)

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Debit/Credit Card Security Code

--	--	--	--	--

Expiration Date (MM/YY)

--	--	--	--	--	--

Name (as shown on card) _____

7. Contact Information

Phone Number

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Email Address _____

†A telecoil, or "t-coil", enhances your ability to hear the magnetic signal generated by electronic devices such as a telephone.

hi HealthInnovations™ Bill of Sale

EAR MOLDS

The hi BTE power™ and hi BTE™ power plus models require ear molds. Ear molds are prepared and provided separately from the hi BTE power and hi BTE power plus devices and are subject to a separate charge in addition to the cost of the hearing device. hi HealthInnovations does not provide a warranty for ear molds. Charges for ear molds are not refundable.

HEARING AIDS

- 1. WARRANTY.** We provide a one-year manufacturer's warranty on each hearing device, starting on the date that we ship the Purchased Items to you. If at our examination it is determined that the unit failed to work due to parts, materials or workmanship, the device will be repaired or replaced for free. This warranty does not cover malfunctions due to unusual wear and tear, unauthorized alteration or mistreatment of the device, such as physical shock, damage from moisture or sweat, excessive wax build-up, or tampering with the instrument, all of which void the warranty. This warranty does not cover batteries, ear tubes & tips, and accessories. hi HealthInnovations is the only authorized service center for your warranty service. Please contact Customer Service at 1-855-523-9355 to obtain a return authorization code and a shipping label.
- 2. 70 DAY TRIAL PERIOD AND MONEY-BACK GUARANTEE.** You may cancel your hearing aid purchase for any reason and receive a full refund of the purchase price at any time prior to midnight of the 70th calendar day after you receive the items you have purchased. To cancel your purchase, you must mail written notice of cancellation to us. You may fill out and send us the attached NOTICE OF CANCELLATION, or you may send us some other form of written notice stating that you want to cancel your purchase. Your written notice of cancellation must be postmarked within the 70 day period and sent to us at the following address:

hi HealthInnovations
P.O. Box 356
Minneapolis, MN 55440

Please send notices of cancellation to us via regular U.S. Mail. Do not send via certified mail or private delivery services (such as Fedex or UPS) because items sent this way cannot be delivered to our P.O. Box.

To return your hearing aid(s), contact Customer Service at 1-855-523-9355 to obtain a return authorization code and a shipping label. You must return the hearing aid(s) to us within 10 days after you receive a return authorization code and shipping label. We will refund your payment within 10 days after we receive your written notice of cancellation and your returned hearing aid(s).

If you cancel this Agreement, you must return the hearing aid(s) to us in the same or substantially similar condition as they were when you received them. If the hearing aid(s) have been damaged beyond normal wear and tear, we may deduct the reasonable costs incurred in repairing the hearing aid(s) to make them suitable for resale. If the hearing aid(s) have been damaged beyond repair, we will not refund your purchase price.

If a hearing aid that you purchased must be repaired during the 70 day period, you will receive an additional 70 day trial period starting on the date you receive your repaired hearing aid. If a hearing aid that you purchased must be reprogrammed, we extend the 70 day trial period to allow you time to try out the reprogrammed device. We extend the trial period by 10 calendar days to account for shipping each way plus the days we have the device in our possession.

NOTICE FOR RESIDENTS OF ALASKA, MAINE, AND NEW YORK – Return for Medical Reasons Within One Year of Shipment. If you are a resident of Alaska, Maine, or New York, you may cancel your hearing aid purchase and receive a full refund of the purchase price if you receive an opinion from a physician or audiologist stating that the hearing aids you purchased from us are not advisable for you. To cancel your purchase for this reason, you must give or mail (a) written notice of cancellation and (b) a written opinion from your physician or audiologist stating that the hearing aids you purchased from us are not advisable for you.

Your written notice of cancellation must be postmarked within the one year period from the date that we ship the Purchased Items to you and sent to us at the address above. All other terms, conditions, and processes described in the 70 Day Trial Period and Money Back Guarantee apply.

3. **SERVICES AVAILABLE.** Post-fit adjustments to your hearing devices are available upon request. Adjustments are provided free of charge. You are responsible for the cost of shipping the devices to us. Customers will also have the ability to speak with licensed hearing aid dispensers and/or audiologists upon request.
4. **MEDICAL OPINION.** Customer has been advised at the outset of Customer's relationship with hi HealthInnovations that any examination or representation made by a hearing aid provider in connection with the practice of dispensing, fitting, or dealing in hearing aids is not an examination, diagnosis, or prescription by a person licensed to practice medicine and, therefore, must not be regarded as medical opinion or advice. This hearing aid will not restore normal hearing nor will it prevent further hearing loss.
5. **NOTICE FOR PURCHASERS OF THE HI BTE™ TELECOIL, HI BTE POWER, AND HI BTE POWER PLUS MODELS – AUDIO SWITCH TECHNOLOGY.** The hi BTE telecoil, hi BTE power, and hi BTE power plus models contain a telecoil (also known as an audio switch, t-coil, or t-switch) which receives electromagnetic signals directly from a telephone or other assistive listening device. The telecoil setting, which is program 3 on the hi BTE telecoil, hi BTE power, and hi BTE power plus models, turns off the device's microphone so that you can hear more clearly on the telephone or other assistive listening device. After finishing the telephone call or use of the assistive listening device, you can change the hi BTE telecoil, hi BTE power, and hi BTE power plus models back to your preferred setting. For more information about the telecoil setting, contact Customer Service at 1-855-523-9355.
6. **IDENTIFICATION OF BOARDS AND REGULATORS.** NOTICE FOR RESIDENTS OF ALASKA, COLORADO, FLORIDA, IDAHO, KENTUCKY, LOUISIANA, MAINE, MONTANA, NEW HAMPSHIRE, OREGON, PENNSYLVANIA, TENNESSEE, AND TEXAS: If you have questions regarding your consumer rights or want to make a complaint concerning the sale or service of this hearing instrument, you may contact the government agency listed below for your state.

ALASKA

Alaska Department of Commerce, Community, and Economic Development
 P.O. Box 110800
 Juneau, Alaska 99811-0800
 (907) 465-2500
<http://www.dced.state.ak.us/>

COLORADO

Hearing aid providers and audiologists are regulated by the Division of Registrations within the Department of Regulatory Agencies.
 Colorado Office of Audiology and Hearing Aid Provider Licensure within the Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202
 (303) 894-7800
www.dora.state.co.us/registrations

FLORIDA

Florida Department of Health, Consumer Services Unit
 4052 Bald Cypress Way, Bin#C75,
 Tallahassee, Florida 32399-3275
 (888) 419-3456
http://www.doh.state.fl.us/mqa/enforcement/enforce_csu.html

IDAHO

Idaho Speech and Hearing Services Board
 PO Box 83720, Boise, Idaho 83720-0063
 (208) 334-3233
<http://ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=shs>

KENTUCKY

Kentucky Licensing Board for Specialists in Hearing Instruments
 911 Leaward Drive
 Frankfort, KY 40601
 (502) 564-3296, ext. 223
<http://his.ky.gov/Pages/default.aspx>

LOUISIANA

Louisiana Board for Hearing Aid Dealers
 C/O Resa Brady P. O. Box 6016
 Monroe, LA 71211-6016
 (318) 362-3014
<http://new.dhh.louisiana.gov/index.cfm/directory/detail/528>

MAINE

Maine Board of Speech-Language Pathology, Audiology & Hearing Aid Dealing and Fitting
 35 State House Station
 Augusta, ME 04333-0035
 (207) 624-8626; TTY: (888) 577-6690
http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid/index.htm

MONTANA

Montana Board of Hearing Aid Dispensers
 301 S. Park,
 Helena, MT. 59602
 (406) 841-2395
http://bsd.dli.mt.gov/license/bsd_boards/had_board/board_page.asp

NEW HAMPSHIRE

New Hampshire Consumer Protection and Antitrust Bureau,
 Division of Public Protection, New Hampshire Department of Justice
 33 Capitol Street
 Concord, NH, 03301
 (603) 271-3658
<http://doi.nh.gov/consumer/>

OREGON

Oregon Health Licensing Agency
 700 Summer St. NE, Suite 320
 Salem, OR 97301-1287
 (503) 378-8667
<http://www.oregon.gov/OHLA/>

PENNSYLVANIA

Pennsylvania Bureau of Consumer Protection
 Pennsylvania Office of Attorney General
 Strawberry Square
 Harrisburg, PA, 17120
 (717) 787-3391
<http://www.attorneygeneral.gov/consumers.aspx?id=255>
 Pennsylvania Department of Health
 Health and Welfare Building
 625 Forster Street, 8th Floor West
 Harrisburg, PA 17120
 (877) 724-3258

http://www.portal.health.state.pa.us/portal/server.pt/community/department_of_health_home/17457

You may also contact your local district attorney

<http://health.state.tn.us/Boards/Hearinginstruments/>

TENNESSEE

Tennessee Council for Licensing Hearing Instrument Specialists
227 French Landing, Suite 300
Nashville, TN 37243
(615) 532-3202 local; 1-800-778-4123 nationwide

TEXAS

Texas State Committee of Examiners in the Fitting and Dispensing
of Hearing Instruments,
P.O. Box 149347,
Austin, Texas 78714-9347
1-800-942-5540
<http://www.dshs.state.tx.us/fitters/default.shtm>

NOTICE FOR RESIDENTS OF COLORADO, CONNECTICUT, GEORGIA, KENTUCKY, MARYLAND, MINNESOTA, NEW HAMPSHIRE, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, RHODE ISLAND, VERMONT, AND WEST VIRGINIA:

IF YOU LIVE IN ONE OF THE STATES IDENTIFIED ABOVE, YOU MUST READ AND ACKNOWLEDGE THE TEXT FROM YOUR STATE BELOW.

COLORADO

THE BUYER HAS THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO 12 MIDNIGHT OF THE 45TH BUSINESS DAY AFTER RECEIPT OF THE HEARING AID BY GIVING OR MAILING THE SELLER WRITTEN NOTICE OF CANCELLATION AND BY RETURNING THE HEARING AID, UNLESS THE HEARING AID HAS BEEN SIGNIFICANTLY DAMAGED BEYOND REPAIR WHILE THE HEARING AID WAS IN THE BUYER'S CONTROL. BY LAW, THE SELLER IS ALLOWED TO RETAIN AN ITEMIZED AMOUNT, NOT TO EXCEED FIVE PERCENT OF THE TOTAL CHARGE FOR THE HEARING AID, TO COVER THE COSTS OF A MANUFACTURER'S RETURN FEE AND THE MINIMUM COSTS OF MATERIALS USED BY THE REGISTERED HEARING AID PROVIDER, UNLESS THE HEARING AID IS RETURNED BECAUSE IT IS DEFECTIVE.

CONNECTICUT

THE BUYER HAS THE RIGHT TO CANCEL THIS PURCHASE OR RENTAL FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH BUSINESS DAY AFTER RECEIPT OF THE HEARING AID. A CANCELLATION FEE OF TWELVE PER CENT OF THE PURCHASE PRICE MAY BE IMPOSED.

GEORGIA

I READ, UNDERSTAND AND HAVE SIGNED OR INITIALED A COPY OF THE REFUND AND RETURN POLICY. THE POLICY STATES IF, AND UP UNTIL WHAT DATE, I CAN RETURN THE HEARING AID FOR A FULL REFUND, A PARTIAL REFUND OF WHAT PERCENTAGE, OR A FULL OR PARTIAL CREDIT. THE POLICY ALSO IDENTIFIES WHAT FEES, IF ANY, FOR SERVICES WILL BE REFUNDED OR CREDITED WHEN THE HEARING AID IS RETURNED FOR REFUND OR CREDIT.

KENTUCKY

THE CLIENT HAS THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH BUSINESS DAY AFTER ACTUAL RECEIPT OF THE HEARING INSTRUMENT(S). YOU MAY CANCEL THE PURCHASE BY NOTIFYING THE SELLER THAT YOU DO NOT WANT THE HEARING INSTRUMENT(S) BY MAILING A NOTICE BEFORE THE DATE LISTED ON THE LAST PAGE OF THIS BILL OF

SALE TITLED "NOTICE OF CANCELLATION" TO THE SELLER AT: P.O. BOX 359, MINNEAPOLIS, MN 55440. UPON CANCELLATION, THE SELLER MAY KEEP UP TO 10% OF THE SELLING PRICE.

MARYLAND

YOU MAY CANCEL THIS PURCHASE FOR ANY REASON, AT ANY TIME WITHIN 45 BUSINESS DAYS AFTER THE DATE OF DELIVERY OF THE HEARING AID. TO COVER THE COSTS OF DISPENSING THE HEARING AID, THE SELLER MAY WITHHOLD FROM THE REFUND 10 PERCENT OF THE PURCHASE PRICE OR THE SELLER'S ACTUAL COSTS UP TO 20 PERCENT OF THE PURCHASE PRICE. IF YOU DECIDE TO CANCEL THIS CONTRACT: 1) YOU MUST PROVIDE NOTICE OF CANCELLATION IN WRITING, WITHIN 30 DAYS OF THE DATE OF DELIVERY OF THE HEARING AID, TO THE SELLER AT ADDRESS OF SELLER; AND 2) YOU MUST MAKE THE HEARING AID AVAILABLE TO THE SELLER, IN SUBSTANTIALLY AS GOOD CONDITION AS WHEN YOU RECEIVED IT. THE SELLER MAY NOT ATTEMPT TO OBTAIN A WAIVER OF YOUR RIGHTS TO CANCEL.

MINNESOTA

MINNESOTA STATE LAW GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH BUSINESS DAY AFTER RECEIPT OF THE HEARING AID(S). THIS CANCELLATION MUST BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A CANCELLATION FEE NO MORE THAN \$250.

NEW HAMPSHIRE

YOU HAVE THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON WITHIN 45 BUSINESS DAYS AFTER RECEIVING THE HEARING AID.

NEW YORK

IN ADDITION TO OTHER RIGHTS, THE BUYER HAS THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO TWELVE MIDNIGHT OF THE 45TH BUSINESS DAY AFTER RECEIPT OF THE HEARING AID AND RETURN THE HEARING AID IN THE SAME CONDITION, ORDINARY WEAR AND TEAR EXCLUDED. BY LAW, THE SELLER IS ALLOWED TO RETAIN AN AMOUNT UP TO TEN PERCENT OF THE TOTAL PURCHASE PRICE OF THE CANCELLED HEARING AID, INCLUDING BATTERIES AND CORDS OR ACCESSORIES THERETO, INCLUSIVE OF ALL FEES RELATED TO THE HEARING AID.

OHIO

RIGHT TO RETURN THE HEARING AID WITHIN 45 BUSINESS DAYS AND RECEIVE A REFUND UNDER OHIO LAW (O.R.C. 1345.30), A CONSUMER HAS THE RIGHT TO RETURN A HEARING AID FOR ANY REASON WITHIN 45 BUSINESS DAYS AFTER IT IS ORIGINALLY DELIVERED TO THE CONSUMER OR A PERSON ACTING ON THE CONSUMER'S BEHALF AND TO RECEIVE A REFUND OF THE CONSIDERATION PAID FOR THE HEARING AID LESS AN AMOUNT SPECIFIED BY THE HEARING AID DEALER, HEARING AID FITTER, PHYSICIAN, OR AUDIOLOGIST TO COVER EXPENSES INCURRED IN CONNECTION WITH THE HEARING AID NOT LATER THAN 10 DAYS AFTER PRESENTING PROOF OF PAYMENT FOR THE HEARING AID AND RETURNING IT IN THE CONDITION IN WHICH IT WAS RECEIVED, EXCEPT FOR NORMAL WEAR AND TEAR. IN THIS CASE THE AMOUNT DEDUCTED FROM

THE REFUND WILL BE \$0. CHARGES FOR EAR MOLDS ARE SEPARATE FROM THE CONSIDERATION PAID FOR THE HEARING AID AND ARE NOT REFUNDABLE.

OKLAHOMA

OKLAHOMA STATE LAW GIVES THE PURCHASER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON BY RETURNING THE HEARING AID TO THE HEARING AID PROVIDER AT ANY TIME PRIOR TO MIDNIGHT OF THE FORTY-FIFTH BUSINESS DAY AFTER RECEIPT OF THE HEARING AID.

BY LAW, THE HEARING AID PROVIDER MAY BE ENTITLED TO A CANCELLATION FEE NOT TO EXCEED TEN PERCENT (10%) OF THE TOTAL PURCHASE PRICE FOR THE HEARING AID OR ONE HUNDRED FIFTY DOLLARS (\$150.00) PER HEARING AID, WHICHEVER IS LESS, TO COVER THE COSTS INCURRED BY THE HEARING AID PROVIDER.

IF THE PURCHASER RETURNS THE HEARING AID WITHIN THE FORTY-FIVE DAY PERIOD, THE PURCHASER WILL RECEIVE A REFUND OF THE FULL PURCHASE PRICE.

IF THE HEARING AID PROVIDER FAILS TO COMPLY WITH THIS PROVISION, COMPLAINTS SHOULD BE FORWARDED TO:

**OKLAHOMA STATE DEPARTMENT OF HEALTH
OCCUPATIONAL LICENSING DIVISION
1000 N.E. 10TH STREET
OKLAHOMA CITY, OKLAHOMA 73117**

PENNSYLVANIA

30 DAY MONEY BACK GUARANTEE: IF A HEARING AID IS RETURNED WITHIN 45 BUSINESS DAYS OF DATE OF DELIVERY IN THE SAME CONDITION, ORDINARY WEAR AND TEAR EXCLUDED, YOU ARE ENTITLED TO A REFUND OF THE PORTION OF THE PURCHASE PRICE OF THE HEARING AID AND ACCESSORIES AS ITEMIZED ON THE RECEIPT, LESS THE CANCELLATION FEE STATED ABOVE. IF A CANCELLATION FEE IS IMPOSED THE NONREFUNDABLE AMOUNT FOR EACH AID AND ACCESSORIES CANNOT EXCEED 10% OF THE PURCHASE PRICE OF THE HEARING AID AND ACCESSORIES OR \$150.00 PER AID AND ACCESSORIES, WHICHEVER IS LESS. IF YOU CANCEL YOUR ORDER PRIOR TO DELIVERY, YOU ARE ENTITLED TO FULL REFUND OF THE PURCHASE PRICE OF THE AID AND ACCESSORIES.

RHODE ISLAND

A HEARING AID WILL NOT RESTORE NORMAL HEARING. THE PURCHASER HAS A FORTY-FIVE (45) BUSINESS DAY TRIAL PERIOD DURING WHICH TIME THE PURCHASER MAY RETURN THE INSTRUMENT, IN THE ORIGINAL CONDITION LESS NORMAL WEAR, WITH NO FURTHER FINANCIAL OBLIGATION. THIS PRODUCT IS PROTECTED BY CHAPTER 45 OF TITLE 6 ENTITLED 'ENFORCEMENT OF ASSISTIVE TECHNOLOGY WARRANTIES,' WHICH SHALL BE MADE AVAILABLE BY THE DISPENSER, UPON REQUEST.

VERMONT

NOTICE OF 45 DAY TRIAL PERIOD. YOU HAVE 45 DAYS FROM THE DAY THAT YOU RECEIVE YOUR HEARING AID TO TRY IT OUT AND DECIDE WHETHER YOU WISH TO KEEP IT. THE 45 DAY PERIOD DOES NOT INCLUDE ANY DAYS THAT THE HEARING AID IS IN THE POSSESSION OF THE DISPENSER, MANUFACTURER, REPAIRER OR THEIR AGENTS. IF, IN YOUR OPINION, DURING THE 45 DAY TRIAL PERIOD YOU FEEL THAT THE HEARING AID IS NOT SATISFACTORY FOR YOU, YOU HAVE A RIGHT TO RETURN THE HEARING AID AND RECEIVE A REFUND OF THE FULL PRODUCT PRICE. HOWEVER, IF YOU HAVE DAMAGED THE HEARING AID, YOUR REFUND WILL BE REDUCED BY THE REASONABLE COST OF DAMAGE. IN ORDER TO RETURN THE HEARING AID, CONTACT HI HEALTHINNOVATIONS CUSTOMER SERVICE AT 1-855-523-9355 TO RETURN DEVICE TO P.O. BOX 356, MINNEAPOLIS, MN 55440.

WEST VIRGINIA

YOU HAVE THE RIGHT TO RETURN THE HEARING AID TO THE DEALER FROM WHOM IT WAS PURCHASED AT ANY TIME WITHIN FORTY-FIVE (45) BUSINESS DAYS AFTER RECEIPT OF THE AID AND RESCIND THE PURCHASE AGREEMENT EXCEPT FOR REASONABLE FITTING AND EXAMINATION CHARGES (\$125.00 MAXIMUM FITTING CHARGE), IF THE AID DOES NOT FUNCTION PROPERLY OR CANNOT BE ADJUSTED TO CORRECT THE DEFICIENCY IN YOUR HEARING OR IS OTHERWISE UNSATISFACTORY. THE AID SO RETURNED MUST BE WITHOUT DAMAGE.

NOTICE OF CANCELLATION

70 DAY TRIAL PERIOD AND MONEY-BACK GUARANTEE

DATE OF TRANSACTION: _____
DATE OF DELIVERY: _____
DATE BY WHICH CANCELLATION MUST BE MADE: _____

YOU MAY CANCEL THIS TRANSACTION, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN 70 BUSINESS DAYS FROM THE ABOVE DATE.

IF YOU CANCEL, ANY PAYMENTS MADE BY YOU FOR HEARING DEVICES UNDER THE CONTRACT OR SALE WILL BE RETURNED WITHIN 10 BUSINESS DAYS FOLLOWING RECEIPT BY THE SELLER OF YOUR CANCELLATION NOTICE AND ALL MERCHANDISE PERTAINING TO THIS TRANSACTION. PAYMENTS MADE FOR EAR MOLDS ARE NOT REFUNDABLE.

IF YOU CANCEL, YOU MUST RETURN TO THE SELLER, IN SUBSTANTIALLY AS GOOD CONDITION AS WHEN RECEIVED, ANY GOODS DELIVERED TO YOU UNDER THIS CONTRACT OR SALE (EXCLUDING EAR MOLDS).

TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE OR ANY OTHER WRITTEN NOTICE TO:

hi HealthInnovations
P.O. BOX 356
MINNEAPOLIS, MN 55440
1-855-523-9355

NO LATER THAN MIDNIGHT OF _____

I HEREBY CANCEL THIS TRANSACTION.

Date: _____

Buyer's Signature: _____

Printed Name: _____

Address: _____

Telephone Number: _____