

# *hi HealthInnovations*<sup>®</sup> Bill of Sale

## HEARING AIDS

1. **WARRANTY.** We provide a one-year manufacturer warranty on each hearing aid and companion microphone, starting on the date that we ship the purchased items to you. If at our examination it is determined that the device 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.

**OPTIONAL PROTECTION PLAN.** Protection Plan can be purchased at the time of purchasing a pair of aids to protect against lost or damaged aids. The protection plan will not be available after purchase and does not provide coverage for the companion microphone.

- Provides one replacement per aid for lost aid within the first year, or for damaged aid if not repairable within three years from the aid purchase date. Damaged aid must be returned to *hi HealthInnovations* in order to receive the replacement. Replacement aid will be the same or similar model if the original model is not available. Shipping charge will apply.
- Extends the manufacturer warranty to 3 years from the aid purchase date. Shipping charge will apply.
- If needed, maintenance service will be available at no charge during the 3 year protection plan period. Shipping charge will apply.

The protection plan is not transferrable. It is not refundable unless aids are returned for refund within 70 day trial period.

2. **70 DAY TRIAL PERIOD AND MONEY-BACK GUARANTEE.** You may cancel your hearing aid and companion microphone (if applicable) purchase for any reason and receive a refund of the purchase price at any time prior to midnight of the 70<sup>th</sup> calendar day from the shipment date listed on the Bill of Sale. Applicable shipping fees will be deducted from the refund amount. To cancel your purchase, you must send written notice of cancellation along with your hearing aid(s) and companion microphone (if purchased), using a shipping label that we provide to you and postmarked within the 70 day period. Send to the following address:

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

To obtain a shipping label, contact Customer Service at 1-855-523-9355. You must return the device(s) to us within 10 days after you receive a shipping label. We will refund your payment within 10 days after we receive your written notice of cancellation and your returned device(s). We will be responsible for lost packages only if you use our shipping label. Do not send via certified mail or private delivery services (such as Fedex or UPS); as items sent this way cannot be delivered to our P.O. Box.

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.

If you cancel this Agreement, you must return the device(s) to us in the same or substantially similar condition as they were when you received them. If the device(s) have been damaged beyond normal wear and tear, we may deduct the reasonable costs incurred in repairing the device(s) to make them suitable for resale. If the device(s) have been damaged beyond repair, we will not refund your purchase price. On returned purchases that include a companion microphone, *hi HealthInnovations* will deduct a wireless service fee of \$69.

**EXCHANGES.** During the 70 day trial period, *hi HealthInnovations* will charge a fee of \$100 per aid plus applicable shipping fees to exchange a hearing aid that the company determines is functioning normally. This \$100 exchange fee per aid is incremental to any price difference between models. For example, an exchange fee will be charged if a

customer exchanges an aid for a different model or the same model of a different color. Aids returned for repair or replacement due to malfunction are not subject to exchange fees, nor are aids returned for refunds without replacement. However, an exchange fee will be added to the purchase price of an aid if the customer has received a refund for a previously purchased aid up to 180 days prior to the current date of purchase. Applicable shipping fees will be applied.

**Once the 70 day trial period has expired, exchanges and refunds are not permitted.**

**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 aids are available upon request. Adjustments are provided free of charge. You are responsible for the cost of shipping the aids to us. Customers will also have the ability to speak with licensed hearing aid dispensers and/or audiologists upon request. These services are available only to the customers who purchase hearing aids directly from us. We cannot support hearing aids that have not been purchased directly from us.

**NON-COVERED SERVICES.** *hi HealthInnovations* offers the following services that typically are not covered by health benefit plans or insurance including batteries, telecoil, wireless, companion microphone and other accessories, ear molds/fittings, repair or shipping costs. In some circumstances, one or more of these services may be necessary in order for *hi HealthInnovations* to dispense hearing aids to you. Depending on your health benefit plan, hearing aids may also not be covered. If you elect to receive one of these non-covered services or aids, you will be responsible for the full amount charged. *hi HealthInnovations* will provide an estimate of these charges before these services are provided.

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 MODELS WITH AUDIO SWITCH TECHNOLOGY.** Models that contain a telecoil (also known as an audio switch, t-coil, or t-switch) receive electromagnetic signals directly from a telephone or other assistive listening aid. The telecoil setting turns off the aid's microphone so that you can hear more clearly on the telephone or other assistive listening aid. After finishing the telephone call or use of the assistive listening aid, you can change the program back to your preferred setting. For more information about the telecoil setting, contact Customer Service at 1-855-523-9355.

#### **EAR MOLDS AND ACCESSORIES**

1. **EARMOLDS.** The power plus model may require an ear mold and the power max model requires ear molds. Ear molds are provided separately from the hearing aids and have an additional, non-refundable charge. *hi HealthInnovations* does not provide a warranty for ear molds.
  2. **ACCESSORIES.** Charges for accessories (such as tubes, tips, or batteries) and hearing aid dryers are non-refundable.
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  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)

**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.colorado.gov/pacific/dora/Hearing\\_Aid\\_Provider](http://www.colorado.gov/pacific/dora/Hearing_Aid_Provider)

**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](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 HEARING  
INSTRUMENT SPECIALISTS  
PO BOX 1360  
FRANKFORT, KY 40602-1360 (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  
[www.maine.gov/pfr/professionallicensing/professions/speech\\_audiology\\_hearing\\_aid](http://www.maine.gov/pfr/professionallicensing/professions/speech_audiology_hearing_aid)

**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](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  
[www.attorneygeneral.gov](http://www.attorneygeneral.gov)  
Pennsylvania Department of Health  
Health and Welfare Building  
625 Forster Street, 8<sup>th</sup> Floor West  
Harrisburg, PA 17120  
(877) 724-3258  
[www.health.pa.gov](http://www.health.pa.gov)  
You may also contact your local district attorney

**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  
[www.tn.gov/health/topic/HIS-board](http://www.tn.gov/health/topic/HIS-board)

**TEXAS**

Texas Department of Licensing and Regulation  
P.O. Box 12057, Austin, Texas 78711,  
Telephone (512) 463-6599, Toll-Free (in Texas): (800) 803-9202  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

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**NOTICE FOR RESIDENTS OF CALIFORNIA, COLORADO, CONNECTICUT, GEORGIA, KENTUCKY, MARYLAND, MINNESOTA, NEW HAMPSHIRE, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, RHODE ISLAND, TEXAS, 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. OUR 70 DAY NO-RISK TRIAL PERIOD IS LONGER THAN WHAT MOST STATES REQUIRE.

CALIFORNIA

**THE HEARING AID IS WARRANTED TO BE SPECIFICALLY FIT FOR THE PARTICULAR NEEDS OF YOU THE BUYER. IF THE HEARING AID IS NOT INITIALLY FIT FOR YOUR PARTICULAR NEEDS, IT MAY BE RETURNED TO THE SELLER WITHIN 45 DAYS OF THE INITIAL DATE OF DELIVERY TO YOU. IF YOU RETURN THE HEARING AID, THE SELLER WILL EITHER ADJUST OR REPLACE THE HEARING AID OR PROMPTLY REFUND THE TOTAL AMOUNT PAID. THIS WARRANTY DOES NOT AFFECT THE PROTECTIONS AND REMEDIES YOU HAVE UNDER OTHER LAWS.**

COLORADO

**THE BUYER HAS THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO 12 MIDNIGHT OF THE 30<sup>th</sup> 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.**

CONNECTICUT

**THE BUYER HAS THE RIGHT TO CANCEL THIS PURCHASE OR RENTAL FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 30TH 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. PRINCIPLE PLACE OF BUSINESS: 5775 PEACHTREE DUNWOODY RD NE, BLDG C STE 600, ATLANTA, GA 30342**

<b>Dealer Name</b>	<b>OptumRx Inc. - <i>hi HealthInnovations</i></b>
<b>License Number</b>	<b>HADE035005</b>

KENTUCKY

**THE CLIENT HAS THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 30TH 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 356, MINNEAPOLIS, MN 55440. UPON CANCELLATION, THE SELLER MAY KEEP UP TO 10% OF THE SELLING PRICE. PRINCIPLE PLACE OF BUSINESS: 333 WEST VINE ST, LEXINGTON, KY 40507.**

**ANY COMPLAINTS CONCERNING THE SALE OR SERVICE OF THIS HEARING INSTRUMENT WHICH ARE NOT CORRECTED BY THE SPECIALIST IN HEARING INSTRUMENTS SHOULD BE DIRECTED TO: KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS PO BOX 1360 FRANKFORT KENTUCKY 40602**

**THE PURCHASER HAS BEEN ADVISED AT THE OUTSET OF HIS RELATIONSHIP WITH THE SPECIALIST IN HEARING INSTRUMENTS THAT ANY EXAMINATION(S) OR REPRESENTATION(S) IS NOT AN EXAMINATION, DIAGNOSIS, OR PRESCRIPTION BY A PERSON LICENSED TO PRACTICE MEDICINE IN THIS STATE AND THEREFORE SHALL NOT BE REGARDED AS MEDICAL OPINION OR ADVICE.**

MARYLAND

**YOU MAY CANCEL THIS PURCHASE FOR ANY REASON, AT ANY TIME WITHIN 30 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 CALENDAR 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 30 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 CALENDAR 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.**

NEVADA

**PRINCIPLE PLACE OF BUSINESS: 8670 W. CHEYENNE AVE, #105, LAS VEGAS, NV 89129. HI HEALTHINNOVATIONS RECOMMENDS A PHONE CALL FOLLOW-UP APPOINTMENT WITHIN 21 DAYS OF PURCHASE.**

NEW MEXICO

**PRINCIPLE PLACE OF BUSINESS: 8801 HORIZON BLVD NE, ALBUQUERQUE, NEW MEXICO, 87113. NEW MEXICO SPEECH LANGUAGE PATHOLOGY, AUDIOLOGY AND HEARING AID DISPENSING PRACTICES BOARD: PHONE: (505) 476-4622 - TONEY ANAYA BUILDING, 2550 CERRILLOS ROAD, SECOND FLOOR, SANTA FE, NEW MEXICO 87505.**

OHIO

**RIGHT TO RETURN THE HEARING AID WITHIN 30 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 30 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 THIRTIETH CALENDAR 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 THIRTY 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 30 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 THIRTY (30) 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.**

TEXAS

**PRINCIPLE PLACE OF BUSINESS: 12668 SILICON DR., SAN ANTONIO, TX 78249.  
HI HEALTHINNOVATIONS RECOMMENDS A PHONE CALL FOLLOW-UP APPOINTMENT  
WITHIN 30 DAYS OF PURCHASE. IF YOU HAVE A COMPLAINT AGAINST A LICENSED  
HEARING INSTRUMENT DISPENSER OR APPRENTICE PERMIT HOLDER OR TEMPORARY  
TRAINING PERMIT HOLDER, YOU MAY CONTACT THE TEXAS DEPARTMENT OF LICENSING  
AND REGULATION, P.O. BOX 12057, AUSTIN, TEXAS 78711, TELEPHONE (512) 463-6599,  
TOLL-FREE (IN TEXAS): (800) 803-9202, [WWW.TDLR.TEXAS.GOV](http://WWW.TDLR.TEXAS.GOV).**

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 AID 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 THIRTY (30) 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.**



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**NOTICE OF CANCELLATION**

**70 DAY TRIAL PERIOD AND MONEY-BACK GUARANTEE**

To cancel your purchase, you must send written notice of cancellation along with your hearing aid(s) and companion microphone (if applicable) using a shipping label that we provide to you and postmarked within the 70 day period. To obtain a shipping label, contact Customer Service at 1-855-523-9355. You must return the device(s) to us within 10 days after you receive a shipping label. We will be responsible for lost packages only if you use our shipping label.

**DATE OF SHIPMENT:**

**DATE BY WHICH CANCELLATION MUST BE MADE:**

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

**IF YOU CANCEL, ANY PAYMENTS MADE BY YOU FOR HEARING AIDS 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, ACCESSORIES AND HEARING AID DRYERS 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 AND HEARING AID DRYERS).**

**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:** \_\_\_\_\_