

LOANER/DEMO HEARING AID AGREEMENT FORM

NAME: _____ **DATE OF LOAN:** _____

ADDRESS: _____

MAKE AND MODEL(S) OF AID(S) TO BE DEMOED/LOANED: _____

SERIAL NUMBER(S): _____

EAR FITTED: BINAURAL RIGHT LEFT

REASON FOR LOAN: _____

The individual listed above has been provided with demo/loaner hearing aid(s) at no charge. The device(s) will be loaned for a period up to a maximum of _____ days from the date listed above. It is the above listed individual's responsibility to maintain the present condition of the device(s) and they shall be responsible for any repairs, loss, or damage to the aid(s) while in their possession.

If the above listed device(s) is not returned, is lost or damaged beyond repair, the individual listed above will be responsible for the replacement cost of the device(s). If the device is returned in need of repair, the individual listed above is responsible for the cost associated with the repair.

Replacement cost of each hearing aid: \$ _____ per aid

Repair cost: up to \$ _____ per aid

We request that you provide our clinic with your credit card information in the event the aid(s) is/are not returned. We will notify you in writing before we bill your credit card for any charge incurred.

Credit Card #: _____ Expiration Date: _____ Security Code: _____

I have read the above terms regarding the use of a demo/ loaner hearing aid and agree to return the device(s) within _____ days and under the terms listed above

Signature of Patient/Guardian: _____

Signature of Audiologist/Staff: _____