



218 Lower Mountain View Drive  
Colchester, VT, 05446, USA

(802) 318-2030

Mon, Tue, Wed, Thu - 10:00am to 8:00pm, Fri - 10:00am to 6:30pm, Sat - 9:30am to 5:30pm



5500665

SLIP PRINT RECEIPT

NPI: 1982099164

MEMBER #: 111906321604

5/20

2 @ 1,249.99

1334239 HL9010 T-R

2,499.98

KIOSK ORDER# 5500665

F 1334259 HL CHARGER  
KIOSK ORDER# 5500665

199.99

F 1334262 HL TV ADAPT  
KIOSK ORDER# 5500665

239.99

SUBTOTAL 2,939.96

TAX 30.80

\*\*\*\* TOTAL 2,970.76

EFT/Debit 2,970.76

CHANGE 0.00

A 7.0% Tax 30.80

TOTAL TAX 30.80

TOTAL NUMBER OF ITEMS SOLD = 4

Roy Clark  
PRINT NAME OF USER

111906321604

MEMBERSHIP NO.

98 Sterling Woods Rd  
ADDRESS

Stowe, VT, 05672, USA

(802) 598-8936

TELEPHONE NO.

PRINT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER)

MEMBERSHIP NO.

ADDRESS

TELEPHONE NO.

Item Description	Item #	Model/Description	Manufacturer Warranty	Unit Price	Total Amount
Right Hearing Aid	1334239	HearLink 9010 T R RIC Right Loss & Damage Warranty Battery Size Li-ion 62255128	36 mths 24 mths	1,249.99	1,249.99
Left Hearing Aid	1334239	HearLink 9010 T R RIC Left Loss & Damage Warranty Battery Size Li-ion 62254886	36 mths 24 mths	1,249.99	1,249.99
Accessory	1334259	Philips HL Charger 6338867	36 mths	199.99	199.99
Accessory	1334262	Philips HL TV Adapter 3858364	36 mths	239.99	239.99
Right Receiver		SBO-Philips / 60 - Speaker 1	36 mths	0.00	0.00
Left Receiver		SBO-Philips / 60 - Speaker 1	36 mths	0.00	0.00

☐ Check ☐ Cash ☐ Credit Card ☐ Debit

Tax (if applicable) 30.80  
Total 2970.77

Beige

Manufacturer warranty periods are noted above:

**NOTICE OF 45-DAY TRIAL PERIOD:** Under Vermont law, 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 full refund. (Costco will not deduct from your refund the cost of any ear molds or services you may have received.) This refund will be at least \$2970.77. 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 and receive a refund, contact the Costco Hearing Aid Center at Colchester, VT (enter address of licensee) not later than 45 days after delivery of the hearing aid. Costco has extended Vermont's 45-day trial period to 180 days (the 180-Day Trial Period" set forth below.)

**180-DAY TRIAL PERIOD:** During the 180-day trial period following the Dispensing Date, you may return the hearing aid, component, ear mold, and accessories for any reason to receive a full refund provided you return the item to the Costco Hearing Aid Center in the same condition as when purchased, ordinary wear and tear excluded.



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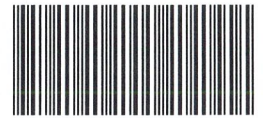
**MANUFACTURER WARRANTY POLICY:** Beginning on the Dispensing Date, as identified below, the hearing aid, components, ear mold and accessories you purchased are warranted by the manufacturer to be free from all defects in materials and workmanship, and the manufacturer agrees to make all necessary repairs or, at the manufacturer's option, provide a replacement without charge to the buyer during the warranty periods noted above.

**ONE-TIME REPLACEMENT POLICY FOR LOSS OR DAMAGE:** Beginning on the Dispensing Date, if the hearing aid you purchased is warranted for damage (as noted above) and is damaged beyond repair or is warranted for loss (as noted above) and is lost or stolen, the manufacturer will provide a one-time replacement with a comparable model for the same ear, at no additional charge. You will receive only one replacement of your hearing aid whether that replacement is provided under the damage policy or the loss policy. The manufacturer's warranty policy will continue to apply to the replacement hearing aid for the remainder of the manufacturer's warranty period indicated above. If you find the lost or stolen hearing aid after replacement, it becomes the property of the manufacturer and must be returned to the Costco Hearing Aid Center. **Please note that the hearing aid replaced under the Loss or Damage Policy cannot be returned for a refund.**

**Buyer's Acknowledgement:** I, the buyer, acknowledge that the hearing aid dispenser or audiologist has:

- ❖ Advised me that the hearing aid is being sold by **[check one of the following]:**  
☒ a licensed hearing aid dispenser ☐ a licensed audiologist.
- ❖ Provided me with a copy of any audiometric tests performed. **BUYER'S INITIALS:** 1200
- ❖ Advised me that any examination or representation made by a licensed hearing aid dispenser or audiologist in connection with the practice of fitting and selling of this hearing aid is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state, and shall not be considered a medical examination, opinion or advice.
- ❖ Advised me that all hearing aids are new on initial sale.
- ❖ Advised me that the hearing aid has been specifically built to fit the acoustic needs of my particular loss and is not intended to be used on any other ear except the one tested.
- ❖ Advised me that the use of a hearing aid will not restore normal hearing, nor will it prevent further hearing loss.
- ❖ Reviewed with me the 180-Day Trial Period, Manufacturer Warranty, Loss Policy and Damage Policy, as they apply to my purchase.





I hereby purchase from Costco Hearing Aid Center the hearing aid as shown above, and hereby acknowledge that I have read and understand the information in the Purchase Agreement.

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**SALES RECEIPT**

Buyer:

Roy E. Clark  
Signature

Purchase Date: 05/20/2020

Print Name

User (if different from Buyer):

Signature

Purchase Date: 05/20/2020

Roy Clark

Print Name

Sold by:

Emily Petcher  
Signature

License No.: 0111888  
063.0071880

Erin Stratton

Print Name and Title

HEARING AID DISPENSER

Supervisor (if applicable):

Signature

License No.: \_\_\_\_\_

Print Name and Title

Received by:

Roy E. Clark  
Signature

Dispensing Date: 5/29/20

Roy Clark

Print Name

Dispensed by:

Emily Petcher  
Signature

License No.: 063.0071880

Erin Stratton

Print Name and Title

HEARING AID DISPENSER

Supervisor (if applicable):

Signature

License No.: \_\_\_\_\_

Print name and Title

Manufacturer's Name and Reg. No.:

Philips-SBO



Member Name: Roy Clark

**WAIVER OF MEDICAL EVALUATION REQUIREMENT**

I have been advised by Emily Peltner that the Food and Drug Administration has determined that my best interest would be served if I had a medical evaluation by a licensed physician (preferably by 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.

Member Signature: Roy Clark Date: 5/20/20

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 FDA notice, and you have made an informed decision to purchase hearing aids without being seen by a physician.

**FOR STAFF ONLY**

Check one of these boxes and sign below:

☐ I have written medical clearance from a medical doctor on file for the member named above.

☐ I reviewed the Medical Evaluation Waiver with the member named above.

GF Teller  
HAC Licensed Staff Signature  
**HEARING AID DISPENSER**

Title

5/20/20  
Date  
063.011888  
License #