



LOAN OF HEARING AID FORM

Specializing in Hearing Evaluations, Hearing Aids and Assistive Listening Devices

I. Patient Information:

Name: _____

Address: _____

City: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Eagle Highland Medical Building
3850 Shore Drive, Suite 105
Indianapolis, IN 46254
(317) 243-2888

SouthPlex Centre
8523 Madison Avenue, Suite C
Indianapolis, IN 46227
(317) 888-4244

Community Hospital North
7250 Clearvista Parkway, Ste 260
Indianapolis, IN 46256
(317) 621-5713

Community Hospital East
Audiology Department
1500 North Ritter Avenue
Indianapolis, IN 46219
(317) 355-5049

Prestwick Pointe
5250 E US Hwy 36, Suite 155
Avon, IN 46123
(317) 745-7849

Community Hospital Anderson
1601 Medical Arts Blvd., Suite 50
Anderson, IN 46011
(765) 298-4190

Zeck's Corner
931 S Washington Street
Kokomo, IN 46901
(765) 453-0200

Towne Square Plaza
1113 16th Street
Bedford, IN 47421
(812) 275-7498

359 S Landmark Ave
Bloomington, IN 47403
(812) 334-3919

3700 N Briarwood Lane, Suite A
Muncie, IN 47304
(765) 282-0346

II. Hearing Aid to be Repaired:

Make Model Serial Number

III. Hearing Aid LOANED to Patient:

Make Model Serial Number

Date LOANER due back to Hearing Center, Inc.: _____

IV. Loaner Agreement:

I understand the hearing instrument(s) above is on loan temporarily and will remain the property of Hearing Center, Inc. Operational maintenance and care is the patient's responsibility. Said instrument(s) shall be returned to Hearing Center in proper order and without damage on or before the due date listed above. Any repair costs, due to damage through misuse of the instrument(s), will be the responsibility of the patient.

Hearing Center, Inc. reserves the following rights: If the instrument(s) on loan is not returned within five days of the due date, a loan fee of \$4.00 per day per instrument will be applied to the patient's account, for up to ten days. If the instrument(s) on loan is not returned within this ten day period, Hearing Center will bill the patient the TOTAL COST OF A NEW INSTRUMENT(S). Hearing Center may also collect all expenses associated in the collection of such fees, including but not limited to court costs and attorney fees.

By signing below, I acknowledge having read this agreement and I agree to all terms as stated above.

Patient Signature

Date