

HOSPITAL/UNIVERSITY APPLICATION FORM - PART I



This is your application to join as an Associate of American Hearing Aid Associates. Please follow the following submission process to assure timely approval.

1. Complete each section below and read the Terms and Conditions of Sales on the reverse side.
2. Make a copy of both sides of this completed document, and return the original (not a copy), by mail or other trackable carrier (recommended).

NEXT STEPS

Normal processing and time to approval after receipt of your original document is from five to ten working days. **You may fax this document to 610.455.3019 as an alert to AHAA to expect your mailed original.**

HOSPITAL / UNIVERSITY GENERAL INFORMATION

Name _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
E-mail _____

SPECIFIC BILLING NEEDS (Check all that apply)

- PO # required AuD tracking required
 Paperless statement Medical Rec # required

Current PO # _____
PO Expiration Date _____
Med Rec # _____

CONTACT INFORMATION FOR UPDATING PO # AND OTHER BILLING ISSUES

Name/Title _____
Phone _____ Fax _____
E-mail _____
Preferred method of contact phone fax E-mail

ADDITIONAL CONTACT INFORMATION

Department Head
Name/Title _____
Phone _____ Fax _____
E-mail _____
How many Audiologists do you have on staff? _____
Audiologists' Names: _____

Order Placement
Contact Name _____
Phone _____ Fax _____
E-mail _____

Accounts Payable
Contact Name _____
Phone _____ Fax _____
E-mail _____

DISPENSING INFORMATION

How many hearing aids do you dispense annually? _____

Which manufacturer's do your Audiologists prefer?

CREDIT LINE

Credit line requested _____

Contact person regarding invoice payments (please print)

Address _____

City _____ State _____

Phone _____

CONFIDENTIALITY

The undersigned applicant agrees that all training and promotional materials supplied by AHAA will be kept confidential by the applicant, and applicant will return all copies of training materials and unused supplies of promotional materials when applicant's membership terminates. Applicant further agrees not to use such materials at any time to promote or sell products or services which have not been approved by AHAA for its Associates.

PURCHASE AGREEMENT

The undersigned applicant hereby agrees that the Law of Pennsylvania and the terms and conditions set forth on this application for membership shall apply to all purchases by the applicant, and the undersigned agrees to be legally bound thereby.

Date _____

Signature _____

Please print name _____

Title _____

IMPORTANT

Complete and sign the opposite side and return this document with your membership payment to:

American Hearing Aid Associates
P.O. Box 1700, Chadds Ford, PA 19317

Contact AHAA with questions at: 800.984.3272, or email us at customercare@ahaanet.com. Visit www.ahaanavigator.com, the on-line guide to building a more valuable hearing health care practice

APPLICATION FORM HOSPITAL/UNIVERSITY - PART II

TERMS AND CONDITIONS OF SALES

SALES

Upon approval of membership, the undersigned applicant will be eligible to purchase merchandise and services from AHAA. A purchase and sale transaction shall be deemed to have taken place at AHAA's office in Chadds Ford, Pa., when AHAA issues an invoice for an order placed by the associate with the manufacturer.

TERMS OF PAYMENT

Payment for all purchases of merchandise and services from AHAA is due with Net 60-day terms from the invoice date.

ADJUSTMENTS

Upon receipt of merchandise, the associate should examine the invoice carefully. If any entry appears to be in error, AHAA requests that the associate direct an inquiry to AHAA. Payment for undisputed items must be made by the regular due date. The associate's AHAA account number should be referenced in all inquiries and other communications.

BILLING CYCLE

Statements are issued by AHAA every month for a total of 12 billing cycles in a calendar year.

AGING

All payments and credits will be applied per the payment remittance unless otherwise noted on the account.

RETURN PRIVILEGE

All AHAA hearing instruments may be returned for a full credit to the purchaser's account within 60 days of the invoice date. This return policy does not change the requirement that payment for merchandise and services is due on the last day of the month following the invoice date.

REFUNDS

At an associate's request, AHAA will issue a check for the amount of any credit balance in the associate's account, except to the extent a credit balance is derived from credit for salvaged goods. If a check is not requested, credit balances will be applied to future purchases.

DEFAULT AND REMEDIES

Failure by the associate to make payment when due is a default. Upon the happening of such a default, all sums due from the associate shall forthwith become due and payable without further notice, and AHAA may proceed at once to effect collection by any available means. If AHAA places the associate's account in the hands of an attorney for collection, the associate shall pay a reasonable attorney's fee in addition to all other amounts due to AHAA from the associate. Associate hereby authorizes any attorney at law to appear for the associate in any court of record in Pennsylvania or elsewhere and confess a judgement against the associate for such amount as shall be due, due together with an attorney's fee 25% of the amount due. The associate hereby consents to the jurisdiction of the courts of Pennsylvania.

FINANCE CHARGE

A finance charge of 1.5% per month will be imposed on overdue invoices. *All terms and conditions subject to change without notice.*

Visit www.ahaanavigator.com, the on-line guide to building a more valuable hearing health care practice.

