

No-Cost CapTel® Captioned Telephone Order Form

Referred by Hearing Healthcare Professional

To receive a CapTel phone at no cost, please provide the requested information below.

APPLICANT INFORMATION & CERTIFICATION (please print)

☐ **YES**, I have high-speed Internet and telephone service where the phone will be used. *(If no phone service, contact us for options.)*

Please select your CapTel phone: ☐ **CapTel 840i** ☐ **CapTel 880i** ☐ **CapTel 2400i**

☐ **NO**, I do not have high-speed Internet. Please contact me about other options. *(Charges may apply depending on solution.)*

☐ **YES**, I want installation assistance. ☐ Please ship my phone to me and I will install myself.

Applicant First Name	Middle Initial	Last Name	
Address	City	State	Zip
Telephone Number	Email		

HEALTHCARE PROFESSIONAL'S INFORMATION

Business/Agency			
Address	City	State	Zip
Telephone Number	Email		

I certify, under penalty of perjury: 1) I have not been offered or provided any direct or indirect incentive (financial or otherwise) tied to this consumer's decision to use the service and I have not been referred to the customer by a Telecommunications Relay Service (TRS) provider or its affiliates; and 2) I don't have a business (other than providing this form), family or social relationship with the TRS provider or its affiliates; and 3) no joint marketing arrangement exists between myself/my organization and CapTel, and I have not made, nor do I have the opportunity to make, a profit on the sale of IP CTS equipment to consumers.

Please check only one.

☐ Physician ☐ Audiologist ☐ Hearing-related Professional ☐ Government/Veterans Program ☐ Social Worker

Certifier's Name	Title
Certifier's Signature	Date

Applicant authorizes the professional named above to transmit this certification and the information contained herein.

When completed, please give to your local Outreach Educator OR submit via one of the following methods:

Email: Register@CapTel.com

Fax: (608) 238-3008

Mail: CapTel, Inc. 450 Science Drive, Madison, Wisconsin 53711

OR: Give to your Outreach Educator *(contact information at right)*

Questions? Contact your local Outreach Educator:

Once the form is received, we'll contact you to schedule a free installation or delivery.

This order form applies to IP-CTS (Internet-based) CapTel models only. Not applicable for non-Internet phone models, i.e. CapTel 840. REQUIREMENTS: Hearing Loss, High-Speed Internet, and, in some cases, Dial-tone telephone service. No-cost phone option is subject to change without notice. Terms and conditions may apply. FEDERAL LAW PROHIBITS ANYONE BUT REGISTERED USERS WITH HEARING LOSS FROM USING INTERNET PROTOCOL (IP) CAPTIONED TELEPHONES WITH THE CAPTIONS TURNED ON. Advanced speech recognition software is used to process calls, and, in certain circumstances, a live communications assistant may be included on the call. There is a cost for each minute of captions generated, paid from a federally administered fund. No cost is passed on to the CapTel user for using the service. CapTel captioning service is intended exclusively for people with hearing loss. CapTel® is a registered trademark of Ultratec, Inc. (v5.7 01-23)

Per FCC requirements all user information is kept confidential. Privacy policy available online at CapTel.com/privacy or by phone: 1-877-464-9149.