

Professional Certification Form

Instructions:

Please use this certification form to certify that the qualified patient listed below has hearing loss and requires the CaptionCall[®] service to use the telephone in a manner that is functionally equivalent to a fully hearing person.

Please fax the completed form to 1-888-531-1906, or email it to certification@captioncall.com, or mail it to CaptionCall Certification, 4215 S. Riverboat Rd., Salt Lake City, UT 84123. For assistance or questions, call 1-877-557-2227. Once the form is submitted, a CaptionCall representative will contact the individual with hearing loss to schedule installation of the phone.

Patient Information

Patient's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Additional Info: _____

Preferred Caption Language: English Spanish

Desired Product(s): Home phone iPad app

Healthcare Provider Information

Business/Practice Name: _____ Account Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

The following professionals may certify hearing loss (check applicable profession):

- Audiologist (AuD) Ear, Nose and Throat (ENT) Family Physician General Practice
 Geriatrician Gerontologist Hearing Instrument Specialist (HIS) Internal Medicine
 Otolaryngologist Pediatrician Nurse Practitioner (NP) Physician Assistant (PA)

Certification

- I certify, under penalty of perjury, that I am a hearing-care or healthcare professional and am qualified to diagnose hearing loss.
- I certify that I have determined that the patient referenced above has a hearing loss that makes it difficult to communicate effectively by telephone and requires the use of captioned telephone service to communicate by telephone in a manner that is functionally equivalent to a fully hearing person.
- I certify that I do not have any business, family or social relationship with any employee of Sorenson Communications or CaptionCall.
- I certify that the patient referenced above has explicitly authorized me to request that CaptionCall contact him or her regarding CaptionCall captioning services using the contact information provided above.
- I certify that I have informed the patient that "FEDERAL LAW PROHIBITS ANYONE BUT REGISTERED USERS WITH HEARING LOSS FROM USING INTERNET PROTOCOL (IP) CAPTIONED TELEPHONES WITH THE CAPTIONS TURNED ON. IP captioned telephone service may use a live operator. The operator generates captions of what the other party to the call says. These captions are then sent to your phone. There is a cost for each minute of captions generated, paid from a federally administered fund." No costs are passed along to individuals who qualify for the service.

Professional's Name: _____ Title: _____

Professional's Signature: _____ Date: _____