

See what they say®

HamiltonCapTel.com

Talk about making the right choice

Hamilton CapTel® 840i



- ☐ I prefer traditional buttons when navigating on-screen menus
- ☐ I like the size and feel of a traditional phone
- ☐ The Hamilton CapTel 840i is right for me!

Hamilton CapTel® 2400i



- ☐ I prefer touch-screen navigation for on-screen menus
- ☐ I like the size and feel of a contemporary phone
- ☐ The Hamilton CapTel 2400i is right for me!

Thanks to your Hearing Healthcare Professional and the Hamilton CapTel Hearing Healthcare Program, you're just a few steps away from amazingly clear phone conversations.

Designed to supplement existing hearing loss solutions, the Hamilton CapTel phone is the most advanced captioned telephone available, making it possible to listen and read word-for-word captions of everything said to you on the phone - similar to captions on television. The result is clarity and confidence on every call.

Right now, through the Hamilton CapTel Hearing Healthcare Program, you're eligible to receive a Hamilton CapTel captioned telephone at no-cost.*

Simply choose the Hamilton CapTel phone that's right for you (see above), complete the Certificate of Hearing Loss/Order Form with your Hearing Healthcare Professional (see next page) and follow the instructions for submission. We'll even cover the shipping costs!

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HAMILTON
capitel®

* Independent third-party professional certification required.

The Hamilton CapTel 840i and 2400i require telephone service and high-speed Internet access. WiFi Capable.

Internet Protocol Captioned Telephone Service (IP CTS) is regulated and funded by the Federal Communications Commission (FCC) and is designed exclusively for individuals with hearing loss. To learn more, visit www.fcc.gov.

Certificate of Hearing Loss/Order Form (HHC1014)

To receive your Hamilton CapTel® phone at no-cost, please provide the requested information below.

APPLICANT INFORMATION: (Please Print)

- ☐ Yes, I have high-speed Internet and telephone service where the phone will be used. (Required for use of the Hamilton CapTel phone.)
Please select your Hamilton CapTel phone: ☐ CapTel 840i ☐ CapTel 2400i
- ☐ No, I do not have high-speed Internet. Please contact me about other options. (Charges may apply depending on solution.)

Applicant's First Name*	Middle Initial	Last Name*	
Address*	City*	State*	Zip*
Telephone Number*	E-mail* (Only to be used for order confirmation)		

APPLICANT CERTIFICATION:

I understand that Internet Protocol Captioned Telephone Service (IP CTS) is regulated and funded by the Federal Communications Commission (FCC) and in order to obtain a Hamilton CapTel phone at no cost, I must provide valid certification that I have a hearing loss necessitating the use of captioned telephone service. Hamilton CapTel is not responsible for charges incurred in obtaining certification. I also understand that I may be required to provide the last four digits of my social security number and date of birth upon registering my Hamilton CapTel phone.

Applicant's Signature*	Date*
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HEALTHCARE PROFESSIONAL INFORMATION: (Please Print)

Business/Agency*			
Address*	City*	State*	Zip*
Telephone Number*	E-mail*		

HEALTHCARE PROFESSIONAL CERTIFICATION:

I certify, under penalty of perjury, that: 1) this applicant has hearing loss that necessitates the use of Captioned Telephone Service; and 2) I understand that the service is provided by a live communications assistant and is funded through a federal program; and 3) 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 applicant by a TRS provider or its affiliates; and 4) I don't have a business (other than providing this form), family or social relationship with the TRS provider or its affiliates; and 5) no joint marketing arrangement exists between myself/my organization and Hamilton 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

Name*	Title*
Signature*	Date*

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

**Required fields. In order to process your request, all fields must be completed.*

Please submit the signed certification via one of the following methods:

Scan Form & E-mail to: hhc@HamiltonCapTel.com

Fax Form to: **877-300-6686** (Please verify fax delivery: Call 877-455-4227 or send e-mail: hhc@HamiltonCapTel.com)

Mail Form to: **Hamilton CapTel Hearing Healthcare Program • 1006 12th Street • Aurora, NE 68818**

Before your Hamilton CapTel phone ships, you will be contacted to verify delivery information.
Please allow 1-3 weeks for delivery. Your phone will be shipped by Weitbrecht Communications Inc.
If you have any questions, please contact Customer Care at 877-455-4227.

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