Oklahoma Universal Service Fund
Telemedicine Request Form

TO: _____ **Phone No.:** _____ **DATE:** _____
(Name/Telephone No. of Telecommunications Service Provider)

This is the written request of (insert name of healthcare entity) _____ for one telecommunications line or wireless connection sufficient for providing such Telemedicine services as this healthcare entity is equipped to provide.

I have previously requested one telecommunications line or wireless connection sufficient for providing such Telemedicine services as this healthcare entity is equipped to provide: Yes _____ No _____ (initial one).

Healthcare Entity Contact Name/Telephone:

_____
_____

Complete Healthcare Entity Name/Address:

_____
_____
_____
_____

Description of Telemedicine Service Capabilities:

_____
_____
_____
_____
_____
_____

The above healthcare entity currently has the appropriate Telemedicine equipment in order to be able to utilize the telecommunications line or wireless connection as soon as the service is established.

I understand that the telecommunications line or wireless connection is for the exclusive use of this healthcare entity and that under no circumstances shall the service be sold, repackaged or shared with any other entity.

I further understand that a telecommunications line or wireless connection will be provided without cost to this healthcare entity, but that the telecommunications carrier shall be entitled to reimbursement from the Oklahoma Universal Service Fund, which is funded by fees assessed, by law, to all telecommunications carriers and that the carriers, by law, may pass the assessed fees on to their telephone customers within Oklahoma.

The undersigned certifies that he/she has the authority to make this request on behalf of the above named healthcare entity.

_____
Signature of Healthcare Entity Administrator

_____
Printed Name of Healthcare Entity Administrator

_____
Street Address

_____
Telephone Number

_____
City, State, Zip Code

State of Oklahoma) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20___

(Seal)

_____
Notary Public

My commission expires _____.

Form Revised 12/06