

CaptionCall User Guide



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Revision 1.0

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1. Overview

CaptionCall® provides real-time captioning services for telephone conversations. This typically involves the use of a specialized telephone or mobile application that displays the captions on the device's screen. CaptionCall is part of a federally funded program to benefit people with hearing loss in the United States, and so comes at no cost to the user.

Sycle allows you to easily request a CaptionCall phone for a patient by submitting a pre-populated Professional Certification Form (PCF) directly from Sycle Private Practice.


2. CaptionCall Configuration

Before you can use Sycle's built-in CaptionCall referral feature, you must enter your clinic's referral account number (Account ID) in Sycle.

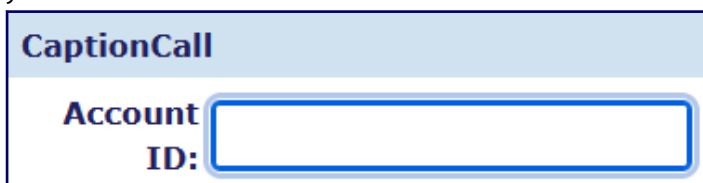


If you don't have an account number, you must first sign up as a CaptionCall provider. This can be done at sorenson.com (**Providers > Become a Provider**) or by calling **877.385.0936**.

1. [Navigate to the Administration screen.](#)
2. In the *clinics* field, select a clinic and click **Edit**.



3. Scroll down to the **CaptionCall** section of the *Edit Clinic* screen.
4. In the **Account ID** field, enter the referral account number (Account ID) provided by Sorenson for your clinic.



If you don't have an account number, you must first sign up as a CaptionCall provider. This can be done at sorenson.com (**Providers > Become a Provider**) or by calling **877.385.0936**.

5. At the bottom of the *Edit Clinic* screen, click **Save**.

3. Submitting a CaptionCall Form

A CaptionCall form can be submitted from various screens in Sycle. The simplest method is to submit the form from the Patient Summary screen, but you can also make the submission from the Appointment Outcome or the Purchase Summary screen.


3.1. From the Patient Summary Screen

1. [Navigate to the Patient Summary.](#)
2. Scroll down to the **CaptionCall** section of the Patient Summary.

CaptionCall

No Cost Phone Send [Patient Name] a CaptionCall phone for no cost, no obligation. Delivery and install included.

3. Click **No Cost Phone** to open the *Request for CaptionCall* form.

Request for CaptionCall


Instructions: Please fax the form to 1-888-531-1906, email to certification@captioncall.com, or mail to CaptionCall Outreach, 4215 S Riverboat Rd, SLC, UT 84123.

CaptionCall's service is available only to persons who have a hearing loss and need telephone captioning to communicate effectively on the telephone.

User Information

User Name:

Street Address:

City: State: Zip:

Phone: Email:

Additional Contact Information (optional)

Additional Contact's Name:

Phone: Email:

Referred By

Name:

CaptionCall Account Number: (if applicable) Date:


Business Name: (if applicable)

Street Address:

City: State: ZIP:

Signature:

Updated Nov 2021. Please use this form and discard all previous versions.
This form is not required by the Federal Communications Commission or any other government entity
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Created by 
Agree and Submit
245-0519

4. Review the information on the *Request for CaptionCall* form and make any changes that are needed.



The *Request for CaptionCall* form is automatically populated with patient and clinic information. This is not shown in the image used in [Step 3](#).

5. Click **Agree and Submit**.

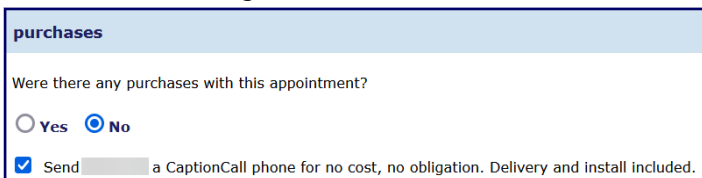
After submitting the form, a confirmation message is shown. Relay this information to the patient.

Form Submitted

A CaptionCall representative will contact the patient to schedule installation of the phone.
For assistance or questions, call (877) 557-2227

3.2. From Appointment Outcome

1. On the *Appointment Outcome* screen, scroll down to the **purchases** section.
2. Enable the **Send [Patient Name] a CaptionCall phone for no cost, no obligation. Delivery and install included.** flag.



3. Complete the rest of the *Appointment Outcome* and click **Save**. When you save the Appointment Outcome, the *Request for CaptionCall* form opens in a new window or tab.
4. Review the information on the *Request for CaptionCall* form and make any changes that are needed.



The *Request for CaptionCall* form is automatically populated with patient and clinic information. This is not shown in the image used in [Step 3](#).

5. Click **Agree and Submit**.

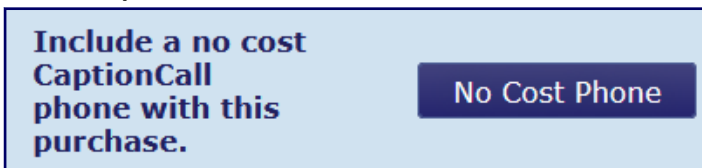
After submitting the form, a confirmation message is shown. Relay this information to the patient.

Form Submitted

A CaptionCall representative will contact the patient to schedule installation of the phone.
For assistance or questions, call (877) 557-2227


3.3. From Purchase Summary

1. On the *Purchase Summary* screen, scroll down to see the **Include a no cost CaptionCallphone with this purchase** element.



- Click **No Cost Phone** to open the *Request for CaptionCall* form.

Request for CaptionCall



Instructions: Please fax the form to 1-888-531-1906, email to certification@captioncall.com, or mail to CaptionCall Outreach, 4215 S Riverboat Rd, SLC, UT 84123.

CaptionCall's service is available only to persons who have a hearing loss and need telephone captioning to communicate effectively on the telephone.

User Information

User Name:

Street Address:

City: State: Zip:

Phone: Email:

Additional Contact Information (optional)

Additional Contact's Name:

Phone: Email:

Referred By

Name:

CaptionCall Account Number: (if applicable) Date:


Business Name: (if applicable)

Street Address:


City: State: ZIP:

Signature:

Updated Nov 2021. Please use this form and discard all previous versions.
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<1.4> 245-0519

Created by 

- Review the information on the *Request for CaptionCall* form and make any changes that are needed.



The *Request for CaptionCall* form is automatically populated with patient and clinic information. This is not shown in the image used in [Step 3](#).

- Click **Agree and Submit**.

After submitting the form, a confirmation message is shown. Relay this information to the patient.

Form Submitted

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For assistance or questions, call (877) 557-2227

Appendix A. Glossary

The following terms and/or common procedures are used in this document:

Navigate to the Administration screen On the top navigation bar, click the **administration** tab.



Navigate to the Patient Summary

1. Enter the patient's full or partial name in the **enter patient** field. Use the **Enter/Return** key or click **search** to search for the patient's record.
2. Under **Search Results**, click the patient's name to open the Patient Summary.

Appendix B. Document Revision History

Rev #	Date	Description
1.0	2023-05-16	Document rewrite and branding update. Added configuration instructions.
0.1	2021-05-12	Initial document creation.