

VOIP Service Application

For Healthcare Facilities

Facility Information

Facility Name

Facility Type

Address

City

State/Region

Zip Code

Contact Person

Full Name

Position/Role

Phone Number

Email Address

Service Requirements

Estimated Number of Users

Current Telecom Provider

Required Features (Select all that apply)

Call Forwarding
Voicemail
Video Calling
Auto Attendant
Call Recording

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Additional Notes

