



Senior Medical Internet Credit Program

Paper Application for Office Use

\$20 Monthly Credit for Eligible Senior Customers

Purpose: The TriCoLink Senior Medical Internet Credit Program helps eligible senior customers maintain reliable internet/Wi-Fi access needed for medical equipment, telehealth, remote monitoring, or other provider-certified medical needs.

1. Customer / Account Information

Customer Name:

Service Address:

City:

Date of Birth:

Email Address (Optional):

TriCoLink Account #:

Telephone Number:

State / ZIP:

Proof of Age Verified By Staff:

Preferred Contact Method:

2. Eligibility Checklist

- Customer is 65 years of age or older.
- Customer has active TriCoLink residential internet service.
- Customer is applying for or currently has the 100 Mbps residential internet package.
- Customer has provided proof of age.
- Customer understands the provider certification must be completed by a licensed health care provider.

3. Medical Need Examples

- Medical equipment that requires internet or Wi-Fi access.
- Telehealth or TeleDoc appointments due to home confinement, limited mobility, or immobility.
- Remote medical monitoring or medical communication.
- Health-related communication with a medical provider.
- Other provider-certified medical need.

Questions: Please contact a Customer Service Representative at 803-874-1215 or toll free at 877-874-1215 for assistance.

TriCoLink Senior Medical Internet Credit Program

Program Rules and Customer Understanding

4. Customer Acknowledgment

- I understand approval is not automatic. TriCoLink may deny applications that are incomplete, incorrect, or do not meet all program requirements.
- I understand the \$20 monthly credit only applies to the 100 Mbps residential internet package.
- I understand the credit is not cash, cannot be transferred, and may be removed if program rules are not followed.

Customer Signature: _____ **Date:** _____

5. Program Rules

Credit Details

- \$20 monthly credit applied to the approved customer's TriCoLink internet bill.
- Credit may be approved for up to 12 months.
- Customer must reapply each year before the credit expires.
- Credit is not cash and cannot be transferred.

Account Rules

- Customer must keep the account in good standing.
- Credit is removed if service is disconnected for non-payment more than one time per 12-month approval period.
- Credit is removed if service is disconnected for non-payment and remains off 5 days or more before the bill is paid.

Application Review

- Applications must be complete before review.
- Provider certification is required and must be completed by a licensed health care provider.
- TriCoLink does not require detailed medical records or a full diagnosis.

Package Requirement

- Credit applies only to the 100 Mbps residential internet package.
- Credit cannot be applied to upgraded packages, business accounts, installation fees, equipment charges, late fees, or past-due balances.

How to Apply

- Online: Visit www.tricolinksc.com to complete the request form and upload the Medical Internet Service Certification.
- In person: Visit 6473 Old State Road, St. Matthews, SC 29135.

Monthly Cost Example

- 100 Mbps Internet \$49.95 + Managed Wi-Fi \$4.95 = \$54.90.
- After the \$20 credit, estimated monthly total is \$34.90.
- Taxes, fees, and additional charges may still apply.

NOTE: This program is for eligible senior customers only and is limited to the 100 Mbps residential internet package.

6. Office Use Only

Application Received By: _____

Date Received: _____

Proof of Age Verified: _____

Provider Certification Received:

Approved / Denied: _____

Credit Start Date: _____

TriCoLink Medical Internet Service Certification

To Be Completed by a Licensed Health Care Provider

Customer Information

Customer Name: _____

TriCoLink Account #: _____

Service Address: _____

Telephone Number: _____

Provider Certification

I certify that internet or Wi-Fi access through TriCoLink is medically needed for the customer listed above. The internet service supports medical equipment, telehealth, remote monitoring, health-related communication, or another medically necessary reason. I understand this certification is used only to determine eligibility for the TriCoLink \$20 monthly Senior Medical Internet Credit on the 100 Mbps residential internet package.

Medical Need for Internet / Wi-Fi Access

- Medical equipment that requires internet or Wi-Fi access Health-related communication with a medical provider
 Telehealth or TeleDoc appointments due to home confinement, limited mobility, or immobility Other medically necessary reason
 Remote medical monitoring **Other reason:** _____

Medical Equipment / Internet Need Description:

Certification Period

- Permanent / Ongoing Need - Expires 1 year from today's date: _____
 Temporary Need - Expected expiration date: _____
 I understand that this certification must be renewed upon expiration for the credit to continue.

Licensed Health Care Provider Information

Provider Name: _____

Office / Practice Name: _____

Provider Telephone Number: _____

Provider Address: _____

Provider Signature: _____

Date: _____

Provider License / NPI # (Optional): _____

Note: Detailed medical records or a full diagnosis are not required. The provider only needs to verify that internet or Wi-Fi access is needed for a valid medical reason.