

For Office Use Only

Physician's DID Number _____

Services State Date _____

Physician's Profile Form

Our Doctors Community Answering Service requires the below information to effectively and efficiently manage your patients' calls. Please fully complete this document and indicate N/A (not applicable) in appropriate areas.

Practice name

Full name(s) of physician(s)

Answering phrase

Medical specialty(ies)

Primary office information

Address

Address

Office telephone number(s)

Private/direct line(s)

Fax number(s)

Office hours by appointment Yes No

| Office Hours | | | Lunch Hours | |
|--------------|-----------|------------|-------------|-----------|
| <i>From</i> | <i>To</i> | <i>Day</i> | <i>From</i> | <i>To</i> |
| | | Monday | | |
| | | Tuesday | | |
| | | Wednesday | | |
| | | Thursday | | |
| | | Friday | | |
| | | Saturday | | |
| | | Sunday | | |

1. Address and telephone number of additional office(s)

2. Pager number _____

3. Pager type Tone Tone and voice Digital Alpha numeric

4. Mobile telephone number _____

5. Home telephone number _____

6. Name(s) and telephone number(s) of hospital(s) where physician has privileges

7. Name(s) and telephone number(s) of associates and/or physicians who provide coverage

8. Information to obtain from callers

Callers' names Callers' telephone numbers Callers' reason for calling

9. Procedure for managing emergency/urgent calls

The Answering Service will immediately contact the physician regarding emergency/urgent calls. We will advise callers to call back within thirty (30) minutes if they have not heard from the physician.

A. Contact preference – in order of preference, rank the below options based on how you would like to be contacted

___ Page until ___ a.m./p.m.

___ Call on mobile telephone until _____ a.m./p.m.

___ Call on home telephone until _____ a.m./p.m.

B. If pager or email/text to a mobile telephone is preferred, please repeat the message every 15 minutes, 20 minutes or 30 minutes

C. Other special instructions

D. If the Answering Service does not get a response from the physician after _____ minutes, a designated alternative(s) will be contacted

| | | | |
|------|-------|--------|-------|
| Name | _____ | Number | _____ |
| Name | _____ | Number | _____ |
| Name | _____ | Number | _____ |

10. Procedure for managing non-urgent calls

A. Canceled appointment calls

- Hold messages with physician’s office calling the Answering Service each morning or after lunch to retrieve them

The Answering Service will record the names, dates and times of the appointments to be canceled and advise patients to retry the call during business hours to reschedule

- Do not take messages for appointment cancellations and instruct patients to retry the call during office hours

B. Routine calls (e.g. appointments, billing questions, etc.)

- The Answering Service will advise callers to retry their calls during office hours
- The Answering Service will take messages and fax them to the physician's office after lunch or the next business day

C. Newborn-related calls

If urgent, Answering Service will follow emergency/urgent procedures

- Contact until _____ a.m./p.m., then hold messages for physician's office in the morning
- Contact for all calls
- Hold all calls for the office

D. Prescription refill request calls (after business hours)

- Contact for all prescription refill requests
- Contact for emergency prescription refills only
- No prescription refills provided after hours

11. On-call schedule Starts at _____ a.m./p.m. and ends at _____ a.m./p.m.

12. Office manager _____

Lunch coverage By office staff By answering machine By answering service

Phone Number _____

Other pertinent information about the office

13. Billing information

Name _____

Address

14. Emergency contacts

Doctors Community Answering Service is dedicated to providing you with professional and timely assistance. However, telephone company outages or severe weather can disrupt our services. To help us notify you during such occurrences, please complete the below emergency contact information.

Account name

Your name

Your telephone number

Today's date

| | Primary Contact | Secondary Contact |
|--------------------|-----------------|-------------------|
| Full name | | |
| Mobile telephone # | | |
| Home telephone # | | |
| Email address | | |

15. Voice mailbox greeting

Doctors Community Answering Service requires that each account have a voice mailbox greeting. In addition to informing patients to dial 911 in the event of an emergency, such recorded greetings can provide them with useful and commonly asked questions.

- Option 1** – My account currently has a voice mailbox greeting and it should remain the same

- Option 2** – My account does not have a voice mailbox greeting. Please create one using the below default script.

You have reached _____'s after office

hours. If you're calling about a life-threatening emergency, please hang up and dial 911. If you are trying to reach the on-call doctor for urgent matters only, an answering service representative will be with you shortly.

If you are calling to schedule or cancel an appointment, request a prescription refill or referral, or another non-urgent matter, please call during our regular business hours that are from ____ a.m. to ____ p.m. _____ through _____. Thank you.

- Option 3** – My account does not have a voice mailbox greeting. Please create one using the below provide script

Please forward a copy of the physician's schedule to Doctors Community Answering Service monthly. Also, any changes to the physician's schedule should be faxed immediately to 301-552-7880.

Doctors Community Hospital

Doctors Community Answering Service

Physician

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Thank you for choosing Doctors Community Answering Service.