



PHYSICIAN INFORMATION SHEET

800.248.CALL (2255)

EMAIL: SUPPORT@AMESSAGECENTER.COM

We ask that when you turn service on, please advise our operator of your return time and order of contact for any urgent calls.

The following information is needed for our call center in order to give accurate and professional care to your customers. It is important that this record be kept up-to-date to insure that your clients are given correct information. All information will be used in a confidential manner.

START DATE: _____ Service Start Date

PHYSICIAN NAME: _____

PHYSICIAN PRACTICE _____ We Tailor Our Service To Meet Your Unique Business Needs

OFFICE ADDRESS: _____ Street Address 1 _____ Street Address 2 _____ City _____ State _____ Zip Code _____ Suite or Apt.

OFFICE TELEPHONE NUMBER: _____

PRIVATE TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

OFFICE HOURS:

Table with columns for days of the week (MON. to SUN.) and rows for OPEN TIME, CLOSE TIME, and SPECIAL NOTES.

WHAT WOULD YOU LIKE YOUR ANSWER PHRASE TO BE: _____

WHAT IS YOUR PROCEDURE FOR ROUTINE CONSULTS AND RX REFILLS AFTER HOURS? _____

WILL YOU CALL IN FOR YOUR MESSAGES OR DO YOU PREFER FAX/EMAIL SERVICE?

CONTACT PERSON FOR BILLING: _____

BILLING ADDRESS IF DIFFERENT: _____ Street Address 1 _____ Street Address 2 _____ City _____ State _____ Zip Code _____ Suite or Apt.

HOW WOULD YOU LIKE TO MAKE PAYMENTS?

- AUTOMATICALLY (CREDIT CARD) CALL-IN (CREDIT CARD) MAIL (CHECK)

HOW WOULD YOU LIKE YOUR INVOICE?

- EMAIL MAIL

CONTINUE ON NEXT PAGE TO LIST CONTACT NAMES AND PHONE NUMBERS FOR ALL ON-CALL EMPLOYEES AND DISPATCH



CONTACT NAME: _____

TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS:

CONTACT NAME: _____

TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS:

CONTACT NAME: _____

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TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS:

Please Email Order Form to:
support@amessagecenter.com
or fax to: 856-825-8547