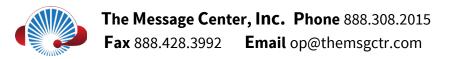
## **Section A - Subscriber Information Profile**

Please submit your completed forms via fax 888.428.3992 or email <a href="mailto:customercare@themsgctr.com">customercare@themsgctr.com</a>. If you have questions, please call our Customer Care Department 888-308-2015. We are available 24/7/365 to help.

A1 Pr	actice Informa	tion			
	Website:				
	Office No	umbers	Fax Numbers	Email Addresses	
A2 Of	fice Hours and	Lunch Breaks	;		
	Monday			Lunch:	
	Tuesday			Lunch:	
	Wednesday			Lunch:	
	Thursday			Lunch:	
Friday		Lunch:			
	Saturday			Lunch:	
	Sunday			Lunch:	
A3 Of	fice Manager				
	Name:			Cell:	

44 Answer Phrase - Example	e: Hello, Thanks for calling L	Dr. Smith's servic	e. How may I help you?
 A5 Routine Office Messages			
_		ages will he sent i	in accordance with your "A6 Message
Report Delivery Schedule"	ee messages. These messe	ages viii. Se seire i	Tracest dance than your the message
$\Box$ Accept routine of	ffice messages - See A6		
☐ Transfer routine	office messages to voicem	nail	
$\square$ Refer patients to	call during scheduled offi	ce hours	
A6 Message Report Delivery	/ Schedule		
			or the office. The delivery system will
automatically deliver these m		ie below.	
Days to Send	Time		Fax or Email
A7 Voicemail - a "Voicemail"	is optional and utilized for	routine office me	essages.
Enable free voicemail feature	-	☐ Yes ☐ No	_
☐ Routine calls are	referred to office hours sage Standard Format"	back Number, Pa	tient Name, Detailed Message
A9 Urgent Office Messages			
What contact method should			
$\square$ Office Backline		$\square$ Office Man	nager
☐ Requested Provi		☐ Fax	
$\square$ On Call Provider		☐ Email	
□ Other			
A10 Health Care Providers The practice along with practi Agreement (BAA).	ice providers are named as	a Covered Entity	(CE) on the HIPAA Business Associate
CE:		CE:	
CF.		CE.	



## **A11 Information for Patients**

Are you accepting new patients?	$\square$ Yes $\square$ No $\square$ Must call the office		
Do you accept Walk-in appointments?	$\square$ Yes $\square$ No $\square$ Must call the office		
What insurances are accepted by the office? $\Box$	See below ☐ Must call the office		
We accept:			
Please list any additional instructions for pro	gramming your account.		
Section A Authorized Signature			
Printed Name:	Title:		

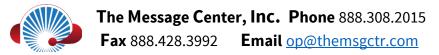
Signature: \_\_\_\_\_ Date:\_\_\_\_



## **Section B - On Call Management**

Please submit your completed forms via fax 888.428.3992 or email <a href="mailto:customercare@themsgctr.com">customercare@themsgctr.com</a>. If you have questions, please call our Customer Care Department 888-308-2015. We are available 24/7/365 to help.

B1 On Call Notifications		
How will on call coverage be updated or changed?		
☐ <b>V</b> oice		
☐ Fax		
☐ Email		
☐ Other	-	
B2 Call Group		
Are providers in your office in a call group or share	after hours call with another provider?	
$\square$ I am not in a call group		
☐ See B3 below		
$\square$ Other –		
B3 Call Group Member Directory		
Urgent messages are delivered to these providers v	when they are covering call.	
Name:	Office #	
B4 Rounding Facilities		
Please include all affiliate hospital, nursing home a		
Facility Name:		
Facility Name:		
Facility Name:	Main #	
Facility Name:	Main #	
Section B Authorized Signature		
Printed Name:	Title:	
Signature:	Date:	



## **Section C - Provider Profile**

Please submit your completed forms via fax 888.428.3992 or email <a href="mailto:customercare@themsgctr.com">customercare@themsgctr.com</a>. If you have questions, please call our Customer Care Department 888-308-2015. We are available 24/7/365 to help.

C1 Prov	ider Information							
Provid	der Name:							
	Suffix: ☐ MI	D DO DDS PH	D □ PA □ RN □ NP □					
Specialty:								
C2 Cont	act Methods							
	Pager							
	Residence							
	Cell							
	Alternate							
C3 Text	Message							
Do you wanted us to program your account for text messaging to your cell phone?			☐ Yes ☐ No ☐ Secure Messaging *  * requires installing the Startel SM+					
C4 Hosp	oital Consults and	Birth Notifications	application on your phone					
Should we hold routine "Hospital Consults" or "Birth Notifications" for the A.M.?			<ul><li>☐ No – Dispatch as received</li><li>☐ Yes – Hold: Dispatch:</li></ul>					
	-	lude time lapses between de	vill be used to deliver urgent messages. Please be as elivery attempts.  Fod to use – Additional Instructions					
P	Provider Notes:							
–  	Screening contact me if patien	t considers an emergency.	☐ Yes ☐ No – below stipulations					
– Section	C Provider Signat	ture						