



The Message Center, Inc. Phone 888.308.2015

Fax 888.428.3992 **Email** op@themsgctr.com

Section A - Subscriber Information Profile

Please submit your completed forms via fax 888.428.3992 or email customer@themsgctr.com. If you have questions, please call our Customer Care Department 888-308-2015. We are available 24/7/365 to help.

A1 Practice Information

Practice Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Website: _____

Office Numbers	Fax Numbers	Email Addresses

A2 Office Hours and Lunch Breaks

Monday	Lunch:
Tuesday	Lunch:
Wednesday	Lunch:
Thursday	Lunch:
Friday	Lunch:
Saturday	Lunch:
Sunday	Lunch:

A3 Office Manager

Name: _____ **Cell:** _____



A4 Answer Phrase - Example: Hello, Thanks for calling Dr. Smith's service. How may I help you?

A5 Routine Office Messages

Should we accept routine office messages? These messages will be sent in accordance with your "A6 Message Report Delivery Schedule"

- Accept routine office messages - See A6**
- Transfer routine office messages to voicemail**
- Refer patients to call during scheduled office hours**

A6 Message Report Delivery Schedule

These messages will include delivered messages and messages holding for the office. The delivery system will automatically deliver these messages on the day and time below.

Days to Send	Time	Fax or Email

A7 Voicemail - a "Voicemail" is optional and utilized for routine office messages.

Enable free voicemail feature for these messages? **Yes** **No**

A8 Office Message Standard Format

Primary Care Physician, Caller Name, Facility Name, Callback Number, Patient Name, Detailed Message

- Routine calls are referred to office hours**
- Use "Office Message Standard Format"**
- Custom** - _____

A9 Urgent Office Messages

What contact method should we use for urgent message delivery during office hours or lunch breaks?

- Office Backline**
- Requested Provider**
- On Call Provider**
- Other** - _____
- Office Manager**
- Fax**
- Email**

A10 Health Care Providers

The practice along with practice providers are named as a Covered Entity (CE) on the HIPAA Business Associate Agreement (BAA).

- CE:** _____ **CE:** _____
- CE:** _____ **CE:** _____
- CE:** _____ **CE:** _____
- CE:** _____ **CE:** _____
- CE:** _____ **CE:** _____



A11 Information for Patients

Are you accepting new patients? **Yes** **No** **Must call the office**

Do you accept Walk-in appointments? **Yes** **No** **Must call the office**

What insurances are accepted by the office? **See below** **Must call the office**

We accept: _____

Please list any additional instructions for programming 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 customer@themsgctr.com. 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?

- Voice**
- Fax**
- Email**
- Other** - _____

B2 Call Group

Are providers in your office in a call group or share after hours call with another provider?

- I am not in a call group**
- See B3 below**
- Other** - _____

B3 Call Group Member Directory

Urgent messages are delivered to these providers when they are covering call.

Name: _____	Office # _____
Name: _____	Office # _____
Name: _____	Office # _____
Name: _____	Office # _____

B4 Rounding Facilities

Please include all affiliate hospital, nursing home and extended care facilities.

Facility Name : _____	Main # _____
Facility Name : _____	Main # _____
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 customer@themsgctr.com. If you have questions, please call our Customer Care Department 888-308-2015. We are available 24/7/365 to help.

C1 Provider Information

Provider Name: _____

Suffix: MD DO DDS PHD PA RN NP _____

Specialty: _____

C2 Contact Methods

Pager	
Residence	
Cell	
Alternate	

C3 Text Message

Do you want us to program your account for text messaging to your cell phone?

Yes No **Secure Messaging ***

* requires installing the Startel SM+ application on your phone

C4 Hospital Consults and Birth Notifications

Should we hold routine “Hospital Consults” or “Birth Notifications” for the A.M.?

No – Dispatch as received

Yes – Hold:_____ **Dispatch:** _____

C5 Personal Dispatch Schedule – These instructions will be used to deliver urgent messages. Please be as detailed as possible and include time lapses between delivery attempts.

Times	Contact Method to use – Additional Instructions

Provider Notes: _____

C6 Call Screening

Always contact me if patient considers an emergency.

Yes **No – below stipulations**

What types of messages should be held for the office?

Section C Provider Signature

Signature: _____ **Date:** _____