

PromptAnserfone

Phone # 800-690-1900 Fax # 855-363-2602

Medical Client Information Form

Please complete, sign and return documents via fax or email.

Account Name	
Address	
City, State, Zip	
Time Zone	
Main Office Phone #	
Fax #	
Primary Contact Person Nm	
Primary Phone	
Primary Email Address	

The following information provided will be used for communication between PromptAnserfone and the person(s) associated to the clients account as indicated below. I will communicate the changes to the answering service. Changes include phone numbers, hours of operations, on-call scheduling or staffing changes, email addresses, services provided, and contact instructions, cellular devices (for text messaging), etc...

Please print below and indicate the type of business and services you provide to your customers and any additional details necessary for our staff to successfully support your company.

Please list any **additional** locations, addresses, Primary, Private and Fax numbers for your office(s).

Office Name	Address	Phone	Fax

Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Lunch out							
Lunch in							
Close							

Please list the on-call staff for your business below along with contact methods. Also please List the protocol if primary contact cannot be reach.

Doctors Name	Cell Phone	Type of Devise	Phone #	Carrier	Back-up Contact Method	Phone #
Dr. John Smith	Text Message	I-phone	609-123-4567	Verizon	Call home	732-555-9999

Additional Protocol Information

If you have an office alarm, please indicate the steps you would like our staff to follow if we receive a call from your alarm company: (example: Call Jane Doe 1st at 732-900-1800)

Name	Contact Information

