

# PHYSICIANS PLUS

## Premier Answering Service

Office: 561.355.1030

Fax: 561.471.4225

E-Mail: [oncall@salmonscorp.com](mailto:oncall@salmonscorp.com)

Start Date: \_\_\_/\_\_\_/\_\_\_ Web: [www.salmonscorp.com](http://www.salmonscorp.com)

### Office/Billing Information:

Answer Phrase: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Office: (\_\_\_\_) \_\_\_\_\_ - Pvt: (\_\_\_\_) \_\_\_\_\_ - Fax: (\_\_\_\_) \_\_\_\_\_ -  
 Office Mgr: \_\_\_\_\_ Hm #: (\_\_\_\_) \_\_\_\_\_ - Alt #: (\_\_\_\_) \_\_\_\_\_ -  
 Office Hrs: \_\_\_\_\_ Lunch: \_\_\_\_\_ Fax/Email ? \_\_\_\_\_  
**All billing invoices are emailed to you. The email you will use is:** \_\_\_\_\_

### Doctor Information:

Dr's name: \_\_\_\_\_  
 Drs Home #: (\_\_\_\_) \_\_\_\_\_ - Cell #: (\_\_\_\_) \_\_\_\_\_ - Pager #: (\_\_\_\_) \_\_\_\_\_ -  
 Pager Type: \_\_\_\_\_ Pager Co: Name & # \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ -

### General Information:

On Call Starts: \_\_\_\_\_ PM On Call Ends: \_\_\_\_\_ AM **Doctor's Name** **Phone #**  
 Does Dr share calls with Drs outside of practice? **Y** or **N** -- If Yes: \_\_\_\_\_  
 On staff at which hospitals: \_\_\_\_\_  
 \_\_\_\_\_

### Special Instructions:

Weekdays:	Weeknights:	Weekends:
Page? <b>Y</b> or <b>N</b> Until what time?	Page? <b>Y</b> or <b>N</b> Until what time?	Page? <b>Y</b> or <b>N</b> Until what time?
Call Residence? <b>Y</b> or <b>N</b> Until what time?	Call Residence? <b>Y</b> or <b>N</b> Until what time?	Call Residence? <b>Y</b> or <b>N</b> Until what time?

Consults: **Y** or **N** Do we hold non emergency consults? **Y** or **N** If yes, until what time? \_\_\_\_\_

Fill RX after hrs? **Y** or **N**      Accepts condition reports after hrs? **Y** or **N**  
 Accept new patients after hrs? **Y** or **N**      Do we page for stat/critical labs from outside labs? **Y** or **N**  
 Do we page for stat/critical labs from outside labs from 11P-7A? **Y** or **N** If yes, preferred method: \_\_\_\_\_

### Service Agreement

Monthly \$  Flat Rate plus a one- time initial set-up fee: \$25.00 Invoices due upon receipt.  
 Signature of party responsible for payment: \_\_\_\_\_ Date:    /    /

**\*\*CHARGES ARE FOR SERVICES USED AFTER NORMAL BUSINESS HOURS. ADD'L CHARGES MAY APPLY IF USED OTHERWISE.**