

THE DOCTORS' EXCHANGE

Telephone
(504) 454-7382
(985) 220-1212
(800) 987-8645

Telephone Answering Service
"One Less Thing To Worry About"
www.doctors-exchange.com
19399 Helenbirg Rd, Ste 1
Covington, LA 70433

Facsimile
(504) 888-3275
(985) 292-1192
(866) 388-0774

SERVICE AGREEMENT

This Agreement for Service, executed by addressee ("Subscriber"), remains in force until a signed written notice to the contrary is received by either Doctor's Exchange, Inc. d.b.a. The Doctors' Exchange ("Company") or Subscriber.

- CLIENT INFORMATION/USE OF SERVICE:** Subscriber agrees to use Company's services in a lawful manner in accordance with all Local, State and Federal Laws. Further, Subscriber agrees to notify Company in writing of all changes in Subscriber information and call handling instructions.
- THIRD PARTY CARRIERS:** Subscriber acknowledges that all radio paging, digital paging, numeric paging, alphanumeric paging, PCS dispatching, text messaging, and emailing done by Company is performed through third party carriers and Company liability for transmissions ceases upon the acceptance or verification of paging data sent to the appropriate carrier. No warranties are given or assumed as to the reliability of such third party carriers.
- SERVICE FAILURES:** No liability shall, in any case, attach to Company should service failures occur by local or long distance telephone carriers, paging or cellular carriers, leased, rented or cloud based systems or Company's own equipment.
- TERMS:** Subscriber agrees to remit payment by the 20th of each month. Payments received after the 28th of the billed month may be subject to late charges which shall be the greater amount of 1.5% or \$10.00.
- NON-PAYMENT CANCELLATION:** In the event of non-payment, as determined by Company, Company may cease to furnish service without notice and may withhold messages until all charges have been paid. Subscriber shall pay all fees, commissions, or costs of any action instituted for collection of past due amounts.

Print Name: _____ Date: _____

Signature: _____ Title: _____

Company: _____

OFFICE INFORMATION: Please complete a separate page for each office and fax or email this paperwork to (985) 292-1106, (800) 914-3594 or supervisor@doctors-exchange.net.

Business name: _____

Specialty(ies): _____

Office manager: _____

Office address: _____

Billing address (check if same): _____

Main office phone: _____ Preferred start date: _____

Back office phone: _____ Office days: _____

Fax: _____ Office hours: _____

Email: _____ Lunch hours: _____

What time of day does your on-call change? _____

How did you hear about us? _____

Information to request from your callers and additional instructions: _____

NOTE: Please circle your preference to each underlined option below.

1. Will we answer primarily after office hours (nights, weekends, holidays) or 24 hours/day?
2. If you selected "24 hours/day" above, should we act as your answering service or office?
3. [Use or do not use] the **recommend** "auto-greeting" to reduce our bill. A customized, brief, pre-recorded message will answer on the first ring, announce your business name and office hours, then will prompt the caller to "please hold" for live operator assistance.
4. Fax or email messages daily? Send them in the morning (typical) or afternoon?
5. Call your office to verify you received the fax or email or should we "deliver" when sent? If we do not call you all messages will be "delivered" upon a successful transmission.
6. Monthly account statements are mailed the second business day of every new month. Would you prefer to pay via check or via automatic credit or debit card deductions?
7. For calls received during your normal office hours (this will eventually happen), should we instruct to call back later, always take a message, or take only emergency messages?

Opening this account constitutes acceptance of the Service Agreement.

ON-CALL INFORMATION: Separate pages needed for each on-call person. Include area codes.

Name: _____ Specialty: _____

Cell number: _____ Call first between hours of: _____

Text first between hours of: _____

Home number: _____ Call first between hours of: _____

Other (specify): _____ Page/Call first between hours: _____

NOTE: Text messaging is the most cost efficient way to receive your messages.

• In which order should we call your numbers? _____

• Page you with caller's number or back to the answering service? (circle one)

• Hold your prescription **refill** calls for office, or contact you? (circle one)

• If a caller says prescription refill is emergency, contact you or hold message? (circle one)

• Hospital Notifications: We will contact you with all **urgent/emergency** calls unless instructed otherwise. How should we handle your **routine/non-emergency** hospital calls?

1. Consults..... _____ Call me between _____ AM and _____ PM for routine consults.

_____ Contact me for ALL routine consults 24 hours/day.

_____ Hold ALL routine consults.

2. Patient Admits.. _____ Call me between _____ AM and _____ PM for routine admits.

_____ Contact me for ALL routine admits 24 hours/day.

_____ Hold ALL routine admits.

3. Room Change.. _____ Call me between _____ AM and _____ PM for routine changes.

_____ Contact me for ALL routine changes 24 hours/day.

_____ Hold ALL routine changes.

4. Birth Notices.... _____ Call me between _____ AM and _____ PM for routine births.

_____ Contact me for ALL routine births 24 hours/day.

_____ Hold ALL routine births.

5. Death Notices... _____ Call me between _____ AM and _____ PM for routine deaths.

_____ Contact me for ALL routine deaths 24 hours/day.

_____ Hold ALL routine deaths.

• For HIPAA confidentiality, who may receive messages besides staff and those sharing call?

• Special Instructions: _____

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IMPORTANT TIME-SENSITIVE REQUEST REGARDING HIPAA

The Health Insurance Portability and Accountability Act of 1996

So that you may receive our Business Associate Agreement timely, please fax this completed form with your account set up paperwork. This is necessary to help ensure your answering service HIPAA compliance. Shortly after receiving this completed form from you, we will mail our single page BAA for your analysis, approval, and execution. Thank you.

The legal name of your entity:

To whose attention should we mail the Agreement?

To which address should we mail the Agreement?
