

AnswerNMC

Answering Service Rates:

\$150.00/Unlimited calls for up to 2 physicians

\$175.00/Unlimited calls for up to 4 physicians

\$200.00/Unlimited calls for up to 6 physicians

\$225.00/Unlimited calls for up to 8 physicians

\$250.00/Unlimited calls for up to 10 physicians

For All Rates: Alpha Numeric Paging, Primary SMS & E-mails are included in plan.

Holiday Rate:

No Extra charge for holidays such as: New Years Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day.

Setup and Training Fees: **No Setup Fee**

This includes programming your account into the answering service database and detailed training time for each operator to insure the understanding of your products and services. I feel training is essential in making a smooth transition for operator services.

Special Notes:

Payments we accept are (1) Check, (2) Money Order, (3) MasterCard, (4) Visa (5) AMEX, (6) Discover, (7) Automatic Bill Pay

If paying by check, we must receive your check within first (5) days of service.

Customers may cancel service at any time, we just ask for 30 days' notice.

Please fill out and sign all documents and fax back to Sherwin at (888) 437-6675.

Sincerely,

Sherwin Scotland

Chief Operating Officer

AnswerNMC, LLC

O: (866) 866-5984

F: (888) 437-6675

answernmc.com

Service Information

Please complete the following information. The agreement on the next page must be signed.

Company or Business Name:

Address: _____

Billing Address: _____

Type Of Business Or Speciality: _____

Office Hours: Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Lunch Hours: _____

Office Phone: _____ **Back Line:** _____

Other Phone Numbers In Your Office: _____ **Office Fax:** _____

Special Instructions For Lunch Hours: _____

Office Mgr: _____ **Cell:** _____ **Home:** _____

Should Manager Be Contacted After Hours For Office Emergencies (Alarms etc)? _____

Daily Instructions

The general guidelines below will help your Answering secretary handle your call efficiently.

Answer the phone by saying: _____

Ask callers for: ___ Name ___ Number ___ Firm ___ Address ___ Message ___ DOB

Messages should be handled in the following way:

___ Call Us with All Messages

___ Call Us with Emergencies

___ Text Us with Emergencies

___ Page Us with Emergencies

___ Email All Messages To: _____ @ (Time) _____ / _____

___ Email All Messages To: _____ @ (Time) _____ / _____

On Call Staff # 1: _____

____ **Cell Phone:** _____ **Cell Carrier:** _____

____ **Pager:** _____ **Paging Carrier:** _____

____ **Residence:** _____

Contact Physician For Consults _____ **Contact Physician For Medication Refills** _____

On Call Staff # 2: _____

____ **Cell Phone:** _____ **Cell Carrier:** _____

____ **Pager:** _____ **Paging Carrier:** _____

____ **Residence:** _____

Contact Physician For Consults _____ **Contact Physician For Medication Refills** _____

On Call Staff # 3: _____

____ **Cell Phone:** _____ **Cell Carrier:** _____

____ **Pager:** _____ **Paging Carrier:** _____

____ **Residence:** _____

Contact Physician For Consults _____ **Contact Physician For Medication Refills** _____

Additional Information that may help your telephone secretary: (List additional office locations & hours , please also list urgent situations which on call staff would like to be contacted for)

Rates For Service

Service Hours	Monthly Rate	Call Allowance	Number of Physicians
Monthly Rate	\$ _____	<u>Unlimited</u>	_____
Holiday Service (optional)	\$ <u>Included</u>		
One-Time Connection Charge	\$ <u>Waived</u>		
Deposit	\$ <u>Waived</u>		

Related Services: Customer will be call forwarding.

Agreement for Telephone Secretarial Service Date: _____

The undersigned, hereinafter known as Subscriber requests AnswerNMC, LLC to furnish telephone answering service, subject to its schedule of tariffs and to the following conditions:

1. Subscriber agrees to remit service charges monthly in advance, or may elect to pay charges quarterly in advance upon agreement with business office.
2. In event of non-payment, the serving agency may cease to furnish service until all charges have been paid, and may terminate this contract without notice. The Serving Agency may withhold messages from any Subscriber who is in arrears in the payment of his account and the Subscriber shall pay all collection agency fees and commissions and/or the costs of any action instituted and any attorney fees made necessary in the collection of any monies due the Serving Agency for services rendered under this agreement.
3. Subscriber is privileged to cancel this contract after the initial 30 days. In return, subscriber agrees to give notice of cancellation in writing.
4. Serving Agency may cancel this contract upon due notice in writing.
5. The Serving Agency shall treat all messages as confidential with the exception that is shall cooperate with all law enforcement agencies, in disclosing whatever information they shall require about the subscriber, in performance of their legal duties.
6. In view of difficulties that may arise in the transmission of oral messages by telephone, no liability shall in any case attach to AnswerNMC, LLC and all such risks are assumed by the Subscriber should any service failure occur. AnswerNMC, LLC does not assume any responsibility for any damages, consequential or otherwise resulting from any failure to receive or deliver messages, even where such a failure is a result of AnswerNMC, LLC Negligence, Misconduct, Error or Omission. AnswerNMC, LLC liability shall not in any event exceed an amount equal to the charges payable by the subscriber for the days on which such act or omission occurred. Accordingly, you and your insurer should be aware that this express disclaimer of your liability is an integral part of your contractual relationship with AnswerNMC, LLC. The subscriber will protect, indemnify and hold AnswerNMC, LLC harmless from any claim or liability that may be asserted by anyone else, including your insurer, in the event of loss, injury, or damage to property or persons sought to be protected by this service, even if such loss, injury or damage results in or is claimed to have resulted from AnswerNMC Negligence, Misconduct, Error or Omission.
7. Enclosed is a check or Master Card/Visa authorization in the amount \$ _____ covering the first month's service and setup fees (one month's minimum applies to all new service). Service is to begin on or about _____.
8. All future payments are due by the 16th day of each month after service begins. Payments not received by the 30th day will be subject to a \$15 late charge or service interruption.

If Company, give name in full

Signature

Sherwin Scotland
Answering Service Representative

AnswerNMC, LLC
Office: (866) 866-5984 Fax: (888) 437-6675
P.O Box 161346 ~ Atlanta, GA 30321
E-Mail: "Billing@AnswerNMC.Com"

AnswerNMC

Office: (866) 866-5984 Fax: (888) 437-6675
E-Mail: "Billing@AnswerNMC.Com"

Attention: _____

Credit Card Authorization Approval Form

Customer Account Number (Answering Service): _____

Business Name: _____

Print Name: (As it appears on Credit Card): _____

Credit Card Type: () Visa () Master Card () Amex () Discover (please select one)

Credit Card Number: _____

Expiration Date: _____

3- Or 4-Digit Security Code: _____

Amount to be Charged: _____

Print your address as it appears with your credit card company:

Address: _____

Authorized Signature: _____ Date: _____

If you would like to have a credit card receipt emailed to you each month, please include your email address: _____

Would you also like to have your invoices emailed to you? _____

** Please fax copy of your credit card and driver's license with this form*