

**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: \_\_\_\_\_

Business type: \_\_\_\_\_

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 callers in addition to name, phone number and reason for the call:

\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_ Position: \_\_\_\_\_

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 what order should we call your numbers? \_\_\_\_\_

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

To whom may we deliver your messages to besides office staff and people sharing call with you (such as family members)? Please provide full name(s) and relationship(s):

\_\_\_\_\_  
\_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide optional, detailed, additional information about you or your business so we can better communicate with your callers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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 20<sup>th</sup> of each month. Payments received after the 28<sup>th</sup> 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: \_\_\_\_\_