

Accurate Answering Service, Inc  
31511 Harper, St. Clair Shores, MI 48082, 586-296-4000, Fax 586-415-3036

Physician Set Up Questionnaire

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cross Roads: \_\_\_\_\_

Telephone number we'll be answering for you: \_\_\_\_\_

Private Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

How did you learn about our service? \_\_\_\_\_

**Manager Information:**

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Pager: \_\_\_\_\_ Email: \_\_\_\_\_

**Service Information:**

What is the main focus of your practice? \_\_\_\_\_

\_\_\_\_\_

You will receive a copy of your messages every business day. What email address or fax\* would you like them sent to? \_\_\_\_\_ What time?: \_\_\_\_\_

\*Fax connection times are included as part of your minutes used. Emails are free.

Answer Phrase\*: \_\_\_\_\_

\*If you are using a call interceptor what message would you like your callers to hear?: \_\_\_\_\_

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Regular business hours that someone is in your office answering calls:

Mon \_\_\_\_\_, Tue \_\_\_\_\_, Wed \_\_\_\_\_, Thu \_\_\_\_\_

Fri \_\_\_\_\_, Sat \_\_\_\_\_, Sun \_\_\_\_\_, Holidays \_\_\_\_\_

What Information would you like us to get from callers?: \_\_\_\_\_

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Are there some calls or types of calls you want someone to be contacted for after hours? \_\_\_\_\_

If yes, what types of calls would you like someone contacted for: \_\_\_\_\_

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How will you provide us with after hour on call schedules? (please circle all that apply):

schedule doesn't change      by fax      verbally      via email

How long should the on call be given to answer? \_\_\_\_\_

If the on call doesn't answer in the given time what procedure would you like followed?:

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**Contact information for on calls:**

Name \_\_\_\_\_ 1st \_\_\_\_\_

2nd \_\_\_\_\_, 3rd \_\_\_\_\_, 4th \_\_\_\_\_

Name \_\_\_\_\_ 1st \_\_\_\_\_

2nd \_\_\_\_\_, 3rd \_\_\_\_\_, 4th \_\_\_\_\_

Name \_\_\_\_\_ 1st \_\_\_\_\_

2nd \_\_\_\_\_, 3rd \_\_\_\_\_, 4th \_\_\_\_\_

Name \_\_\_\_\_ 1st \_\_\_\_\_

2nd \_\_\_\_\_, 3rd \_\_\_\_\_, 4th \_\_\_\_\_

Name \_\_\_\_\_ 1st \_\_\_\_\_

2nd \_\_\_\_\_, 3rd \_\_\_\_\_, 4th \_\_\_\_\_

Names of other staff we'll be receiving calls for: \_\_\_\_\_

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**Please print your name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## COMPANY / CUSTOMER CONTRACT

AGREEMENT made this date: \_\_\_\_\_, by and between ACCURATE ANSWERING SERVICE, INC, a corporation duly organized under the laws of the State of Michigan, and having a place of business at 31511 Harper, St. Clair Shores, Michigan, (hereinafter called Company) and

\_\_\_\_\_

a company engaged in the business of: \_\_\_\_\_

\_\_\_\_\_

having a place of business at: \_\_\_\_\_

\_\_\_\_\_

(hereinafter called Client).

In consideration of the mutual promises and covenants hereinafter specified, and for other good and valuable consideration, the parties hereto do, for themselves, their successors, and assigns mutually agree as follows:

### TERMS:

1. The obligation of the Company to render service to the Client shall become effective only after the Company has received an executed contract and a completed Customer Information Form signed by the Client and the Company has received the first monthly fee for such services.
2. The Client may, at any time and for any reason, terminate the Company's services. The Client must provide written notification of termination delivered to the Company at its mailing address.
3. The Company reserves the right to cancel the Client's service for non-payment. If the Client hasn't made payment on their account for a period exceeding 45 days the Company may, at its discretion, cancel the Client's service.

### SERVICES:

4. Company agrees to take messages on behalf of the Client and to deliver them to the Client.
5. The Client agrees to keep the Company supplied with up to date contact information and to provide its dispatch instructions and on call schedules in writing and the Company agrees to follow all dispatching instructions to the best of its ability.
6. The Company is staffed 24 hours per day, 7 days per week, including holidays.
7. The Company and the Client agree that the Company's sole and only obligation under this agreement shall be to take messages and deliver them. The Company, upon receipt of a telephone call on the Client's behalf shall make every reasonable effort to obtain a message and deliver said message to the Client by following the Client's dispatch instructions.

### BILLING:

8. The fees the Client agrees to pay the Company for service shall be those specified in writing at the time such services are rendered. Client acknowledges having received the current price list and agrees to an annual rate adjustment of 1.9% effective the first billing cycle every January.
9. The Client will be invoiced monthly. Base services are billed one month in advance. Charges for extra minutes are billed for the period of 30 days immediately preceding the invoice date.
10. The Client will receive a monthly invoice the 28th of each month which will be due in 15 days. The Client will continue to be billed until written notification is provided to the Company.
11. The Client agrees to pay a late charge of 3% on any invoice which has been open for 29 days or more.
12. If a Client who has been with the Company less than six months uses more than double their chosen minute plan the Company may, at its discretion, require additional payment on the account before the next regular billing cycle. If such payment isn't received the Company may, at its discretion, terminate service.

LIABILITY:

1. It is understood that the Company owns none of the telephone equipment on the Client's premises and has no responsibility for the condition and/or the functioning thereof and that maintenance, repair, service, replacement, or insurance of the protective equipment are not the obligation or responsibility of the Company.
13. The Company shall in no way be responsible for the failure of the Client to successfully connect it's call forwarding or for any service provider's equipment or software failure.
14. The Company is in no way responsible for the way the Client responds to it's messages or for the way the Client conducts it's business or for any liability incurred by the Client while conducting it's business.
4. It is understood and agreed by the parties hereto that the company is not an insurer and that insurance, if any, covering personal injury and property loss or damage on client's premises shall be obtained by the subscriber; that the company is being paid to answer telephones and that the amounts being charged by the company are not sufficient to guaranty that no loss will occur; that the company is not assuming responsibility for any losses which may occur even if due to company's negligent performance or failure to perform any obligation under this agreement. The company hereby disclaims all representations and warranties, express or implied, including those of merchantability or fitness, or that the service supplied by the company may not be compromised, or that the services will in all cases provide the use for which it is intended.

Since it is impractical and extremely difficult to fix actual damages which may arise due to the failure of services provided, if, notwithstanding the above provisions, there should arise any liability on the part of the company, such liability shall be limited to \$250.00. This sum shall be the complete limit of the company's liability and shall not be deemed as a penalty. In the event the client wishes the company to assume a greater or higher limitation of liability, the client may, as a matter of right, obtain from the company a higher limit by paying an additional amount proportioned to the increase in damages, but such additional obligation shall in no way be interpreted to hold the company as an insurer.

Client agrees to and shall indemnify and wave harmless the company, its employees and agents, for and against all third party claims, lawsuits, and losses alleged to be caused by company's performance, negligent performance, or failure to perform its obligations under this contract.

5. The parties specifically agree that any notices required to be given under this agreement shall be made in writing and sent to the address of each party indicated herein, or such other address as from time to time may be made known by either party; that this agreement contains the entire understanding between the parties and may only be altered or modified by a writing signed by the parties; that this agreement shall not be assignable by the Client except upon the express written consent of the Company; and that this agreement, in all respects, shall be governed and construed solely under the laws of the State of Michigan.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date and year first above written and specifically represent that the person executing same in behalf of each party is fully authorized to do so.

Please print your name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACCURATE ANSWERING SERVICE, INC  
31511 Harper Avenue  
St. Clair Shores, MI 48082  
586-296-4000

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Customer Information** to be filled out by Accurate Answering Service staff

Call forward to this number: \_\_\_\_\_

To check in for messages call this number: \_\_\_\_\_

Back up number to check in for messages: \_\_\_\_\_

Package Chosen (circle one):

- |             |             |
|-------------|-------------|
| 30 minutes  | 600 minutes |
| 100 minutes | 900 minutes |
| 300 minutes |             |

Monthly cost of package: \_\_\_\_\_ / over calls \_\_\_\_\_ each

Auto pay and receive 1.5% monthly discount?    Yes    No

Email address for account's payable: \_\_\_\_\_

There is a \$3.00 charge for paper invoices:    Yes    No

Payment method for first month service:    check    cash    money order    credit card

If check: check #: \_\_\_\_\_ Amount: \_\_\_\_\_

If credit card:    Visa    Mastercard    Discover

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Customer signature: \_\_\_\_\_

Amount : \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Accurate employee completing this form: \_\_\_\_\_