



Switchboard Provider Parameters

INFORMATION: Send completed form to Switchboard (Fax 231-935-7500/MHC-SB-InfoSpecialist@mhc.net)

Name: _____

Specialty: _____

Name of Practice/Clinic: _____

Office is Munson Owned Office is Privately Owned

Office Address: _____

City/State/Zip: _____

Office Phone: _____ Office Fax: _____

Secondary Office Phones: _____

Office Hours: _____

Closed for Lunch: _____

Cell Phone: _____ Listed Unlisted

Home Phone: _____ Listed Unlisted

Already Have Paging: Yes No (If you are Munson Owned/under contract, you can request paging via Help Desk 231-935-6053)

Pager Number: _____ Alphanumeric Numeric

Titan 5 Spok Mobile Spok Mobile Enterprise Other: _____

INSTRUCTIONS:

	Munson Owned/Under Contract	Privately Owned
1. During Office Hours:	<input type="checkbox"/> Patients call office. Page for Floors/Physicians <input type="checkbox"/> All calls to office <input type="checkbox"/> Page for everyone	<input type="checkbox"/> Patients call office. Page for Floors/Physicians (if applicable) <input type="checkbox"/> All calls to office
2. After Office Hours:	<input type="checkbox"/> Always on pager <input type="checkbox"/> Page physician on call for group <input type="checkbox"/> Not available after hours	<input type="checkbox"/> Call office to reach clinician on call <input type="checkbox"/> Not available after hours

3. Turnover Time at: _____ AM

Comments: _____