



Ascension St. John

ASCENSION ST JOHN ANSWERING SERVICE CLIENT INFORMATION - PHYSICIAN

GROUP NAME		PHYSICIAN NAME	
HOME #	CELL #	PAGER #	
CELL COMPANY	PAGER COMPANY	PAGER TYPE <input type="checkbox"/> Digital <input type="checkbox"/> Alpha <input type="checkbox"/> Voice	
Please check preferred option -			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the physician accept calls from other physician when not on call?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	May the physician's home / cell number be given to other physician's?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	May the physician's contact information be given to group associates?	
Please check preferred option -			
Contact Method			
<input type="checkbox"/> Always leave message on pager unless physician calls the answering service to advise differently.			
<input type="checkbox"/> Always call cell phone to contact physician			
<input type="checkbox"/> Always send text message to cell phone – MUST PROVIDE NAME OF CELL PHONE CARRIER			
Please forward on call schedule to answering service by 2:00pm via fax or by calling answering service phone number. Monthly on call schedules are preferred.			
Please circle all hospitals patients are to be referred to for emergency treatment –			
St John Tulsa	St John Owasso	St John Broken Arrow	Hillcrest Hillcrest South OSU Medical Center St Francis
Other _____			

BACK-UP PHYSICIAN

A back-up physician is contacted only when the service is unable to confirm an emergency call has not been answered by the on call physician.

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CLIENTS SIGNATURE	DATE
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INFORMATION ENTERED BY (FOR ASJMC USE ONLY)	DATE
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