

ALL 4 ONE ANSWERING SERVICE



CEO/Owner - Lisa Bowen

5303 B MacCorkle Ave Se

Charleston, WV 25304

Phone: (304) 925-9856 Fax: (304) 925-5963 Email: info@all4onetas.com

Service Agreement

Account Number: _____ Call FWD #: _____

Type of Service: _____ Monthly Amount: _____

General Information

Office Name: _____ Specialty: _____

Address: _____

Billing Address: _____

Front Office Phone: _____ Fax: _____

Back Office Phone: _____ EIN: _____

Office Email: _____

Office Manager: _____ Email: _____

Billing Manager: _____ Email: _____

Office Hours (Mon-Fri): _____

Office Hours (Sat-Sun): _____

Office Closed (Days/Holidays/ect): _____

Hospital Information: _____

Additional Locations: Yes _____ No _____

Office Name: _____ Specialty: _____

Address: _____

Billing Address: _____

Front Office Phone: _____ Fax: _____

Back Office Phone: _____ EIN: _____

Office Email: _____

Office Manager: _____ Email: _____

Billing Manager: _____ Email: _____

Office Hours (Mon-Fri): _____

Office Hours (Sat-Sun): _____

Office Closed (Days/Holidays/ect): _____

Wake Up Call Service:

Time: _____ *Days: Sun* ___ *Mon* ___ *Tues* ___ *Wed* ___ *Thurs* ___ *Fri* ___ *Sat* ___

Appointment Reminders: _____

Fax Service: _____

Call Management Instructions:

During Business Hours/Lunch/Staff Meeting: _____

After Hours/Lunch/Staff Meeting: _____

Late Night (10pm-8pm): _____

Appointment Cancellation: _____

After Hours/Weekends/Holidays Prescription Request: _____

Required Information from Callers: _____

Employee Contact Information:

Name: _____ Title: _____

Specialty: _____

Pager: _____ Digital _____ Alpha _____ Cell Phone: _____

Home Phone: _____ Email: _____

Preferred Method of Contact: _____

Comments: _____

Employee Contact Information:

Name: _____ Title: _____

Specialty: _____

Pager: _____ Digital _____ Alpha _____ Cell Phone: _____

Home Phone: _____ Email: _____

Preferred Method of Contact: _____

Comments: _____

Employee Contact Information:

Name: _____ Title: _____

Specialty: _____

Pager: _____ Digital _____ Alpha _____ Cell Phone: _____

Home Phone: _____ Email: _____

Preferred Method of Contact: _____

Comments: _____

Employee Contact Information:

Name: _____ Title: _____

Specialty: _____

Pager: _____ Digital _____ Alpha _____ Cell Phone: _____

Home Phone: _____ Email: _____

Preferred Method of Contact: _____

Comments: _____

Employee Contact Information:

Name: _____ Title: _____

Specialty: _____

Pager: _____ Digital _____ Alpha _____ Cell Phone: _____

Home Phone: _____ Email: _____

Preferred Method of Contact: _____

Comments: _____

**Additional Contact Sheets Available*

Billing Information:

How would you like to receive your invoice? Mail___ Fax___ Email___

Comments: _____

Automatic Billing:

If you would like to have your credit card automatically charged monthly for services provided on your behalf, please complete the following credit card authorization.

Credit Card Authorization:

All 4 One Answering Service is hereby authorized to automatically charge the credit card listed below for payment of services provided on my behalf. In the event of cancellation of service, I authorize All 4 One Answering Service to subsequently charge the credit card listed below for payment of all services provided on my behalf. I agree that if I have any problems or questions regarding my services that I will contact All 4 One Answering Service for assistance. I agree that I will not dispute any charges from All 4 One Answering Service unless I have already attempted to settle the dispute directly with All 4 One Answering Service. I agree to inform All 4 One Answering Service of any change in my credit card information. I guarantee and warrant that I am the legal card holder for the credit card listed below; and that I am legally authorized to enter into this automatic billing agreement.

Card Type: _____ Expiration Date: _____

Card Number: _____

Name on Card: _____

Billing Address: _____ Zip Code: _____

This is a Service Agreement between your company and All 4 one Answering Service. Invoices will be mailed, faxed, or emailed. If you agreed to Automatic Billing your credit card will be charged the 1st of every month, unless prior arrangements have been made. Payment is due by the 15th of every month. Additional fees may apply. If there is a disagreement about service or billing only management can void or credit any charges.

Office Name: _____

Company Authorized Signature/Title

Date

All 4 One Answering Service Authorized Signature/Title

Date