

On-Call/Paging Parameters

INFORMATION

Send completed form to Switchboard (MHC-SB-InfoSpecialist@mhc.net)

Name: _____

Specialty: _____

Name of Practice/Clinic: _____

☐ Office is Munson Owned ☐ Office is Privately Owned

Office Phone: _____ Office Fax: _____

Secondary Office Phone: _____

Office Hours: _____

Home Phone: _____

*** All individuals in an on-call position (with the exception of nursing and departments using group paging) must be on Telmediq ***

Paging: ☐ Set up with Telmediq

Pager Number: _____ ☐ Alphanumeric ☐ Numeric

| 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 |

Lightning Bolt Calendar to be Added to: _____

A CSAR needs to be submitted for anyone new to the Lightning Bolt system as a Scheduler, or Individual on-call

Messaging Groups Needed: _____

