

## Provider Contact Information

Please update your contact information for the Switchboard and Medical Staff Office.

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

<p style="text-align: center;"><b>Please Print</b></p> <p><b>Name:</b> _____</p> <p><b>Office hours:</b> _____</p>	<p><b>Rate preferred order of contact</b></p> <p><i>For example</i></p> <p>1<sup>st</sup> <u>H</u></p> <p>2<sup>nd</sup> <u>O</u></p> <p>3<sup>rd</sup> <u>C</u></p>
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<b>During Office hours</b>	<p>H- Home phone # _____</p> <p>P- Pager # _____</p> <p>O-Office # _____</p> <p>C- Cell phone # _____</p> <p>OT- Other Meditech, email, etc. _____</p>	<p>1<sup>st</sup> _____</p> <p>2<sup>nd</sup> _____</p> <p>3<sup>rd</sup> _____</p> <p>4<sup>th</sup> _____</p> <p>5<sup>th</sup> _____</p>
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<b>After Office hours</b>	<p>H- Home phone # _____</p> <p>P- Pager # _____</p> <p>O-Office # _____</p> <p>C- Cell phone # _____</p> <p>OT- Other Meditech, email, etc. _____</p>	<p>1<sup>st</sup> _____</p> <p>2<sup>nd</sup> _____</p> <p>3<sup>rd</sup> _____</p> <p>4<sup>th</sup> _____</p> <p>5<sup>th</sup> _____</p>
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<b>Home Address</b>	<p>Street _____</p> <p>City/State/Zip _____</p> <p>Phone: _____</p>
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<b>Office</b>	<p>Street _____</p> <p>City/State/Zip _____</p> <p>Phone: _____ Fax: _____</p>
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<b>2<sup>nd</sup> Office</b>	<p>Street _____</p> <p>City/State/Zip _____</p> <p>Phone: _____ Fax: _____</p>
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Please return to the Medical Staff Office  
(keep a copy for your records)  
Thank you for your assistance