149714 - VN Medical

General Information

Contact Name VN Implementation
Contact Phone (678) 318-1300
Contact Email
implementation@voicenation.com
Timezone Eastern Time
Service Type Answering Service
Industry Medical

Billing Information

Billing Address 1 123 Michael Street
Billing Address 2
Billing City Lawrenceville, GA 30043

Operator Screen Info

Answer Phrase Thank you for calling [Company Name], this is [Operator]. How may I help you?
Address 1 5089 Bristol Industrial Way
City/State/Zip Buford GA 30518
Main Phone (678) 318-1300
Alt Phone (866) 766-5050
Fax
Website voicenation.com
Email implementation@voicenation.com
Hours Mon-Thurs: 8a-6p Fri: 10a-2p

Calltypes & Instructions

Appt Requests

Default

SECTION: Section 1

* Existing Patient (Y/N) - Conditional:

Yes - I've been there before -> Go to section: *Existing Patient*
No - I've never been to this office -> Go to action label: *New Patient*

Immediately Ask: "Have you been seen at this office before?"

New Patient

Gather User Information

* First and Last Name
* Phone Number
* Appointment Request Date
* Appointment Request Time
* Reason for Visit
* Email Address

Email (and DELIVER) Office (implementation@voicenation.com)

Advise: "I am forwarding your information over to our intake specialists and they will be contacting you back to confirm your appt time. You will also be receiving new patient intake forms via email that you should fill out prior to your appt."

Stop here

SECTION: Existing Patient

Gather User Information

* First and Last Name
* Phone Number
* Appointment Request Date
* Appointment Request Time
* Reason for Visit

Email (and DELIVER) Office (implementation@voicenation.com)

Advise: "The office is closed right now but I am forwarding your request over to our scheduling team. Someone will be contacting you back when the office reopens to confirm your appt."

Stop here

Prescription Refills

Default

SECTION: Section 1

Gather User Information

* First and Last Name
* Phone Number
* Date of Birth
* Name of Pharmacy
* Medicine Name(s)

Email (and DELIVER) Office (implementation@voicenation.com)

Stop here

Billing

Default

SECTION: Section 1

Gather User Information

* First and Last Name
* Phone Number
* Patient's Name
* Patient's DOB
* Regarding

Email (and DELIVER) Office (implementation@voicenation.com)

ER

Default

SECTION: Section 1

Gather User Information

* First and Last Name
* Phone Number
* Patient's Name
* Nature of Emergency

Use If:
Patient is in Pain
Caller Indicates ER

Send to DISPATCH

1. Text Doctor
2. LMR (live message relay) to Doctor to confirm text
3. If N/A wait 5 mins for cb (call back); if no cb then LMR to Doctor again.
4. If N/A repeat Step 3 until LMR
5. If still N/A after 2 hours then mark delivered

Stop here

Generic

Default

SECTION: Section 1

Gather User Information

* First and Last Name
* Phone Number
* Current Patient (Y/N)
* Regarding

Email (and DELIVER) Office (implementation@voicenation.com)

Stop here

Call Summary

None found

Employee Directory

Office   *(Unknown title)*   *(Unknown gender)*

Email: implementation@voicenation.com

Doctor   *(Unknown title)*   *(Unknown gender)*

Oncall Lists

None found

Calendars