Anderson Healthcare

AUTOFAXING ENROLLMENT FORM

☐ Request to Enroll ☐ Request to Revise

The autofax service can be utilized to provide your office with immediate faxed receipt of various medical reports. Please indicate whether you wish to receive reports from one or more of the following report categories:

**_Radiology Reports_	☐ Autofax **OR** ☐ Paper Copy
**Maryville Imaging Reports	☐ Autofax (if not selected, report will be manually faxed within a day of signature. No paper copy.)
Outpatient Lab Results	☐ Autofax **OR** ☐ Paper Copy
Pathology Reports	☐ Autofax **OR** ☐ Paper Copy
**_Medical Record Reports:_ (Includes dictated reports such as H & P's, consults, Discharge Summaries, etc. EKGs are an exception and are not included inautofax.)	☐ Auto fax **OR** ☐ Paper Copy
**Anderson Medical Group Office Notes	☐ Auto fax **OR** ☐ Paper Copy

DEDICATED FAX Number:_____

In order to use the service, your office must have a DEDICATED 24 HOUR FAX LINE.

Phone Number: _____
(for questions related to the selections on this form)

From the office (s) of: _____**(Please Print)**

Provider Signature: _____Date/Time:_____

Printed Provider Name: _____

Please note that dictated reports and x-ray reports are not faxed until **after they are electronically signed. The paper report will be placed in your mailbox only if the fax transmission is not successful. There are six (6) attempts at faxing before it is considered failed.

For questions regarding this service, please contact Health Information Management at 618-391-6111 or 618-391-6105.

Please fax completed forms to 618-288-0024.