



## AFTER-HOURS SUPPORT REQUEST FORM

Please complete the following form and fax to 03 9690 8010

Name of Practice			
Phone No		Customer ID	
Contact Name			
Details of the Company and/or Person who will be calling the after-hours support number:			
Name of Company			
Contact Name		After-Hours Phone No	
The call will not be attended if it falls outside of the booking date and times below.			
Date of After-Hours Support		Start Time	End Time
Reason for After-Hours Support			
NOTE: Ensure that the practice has all the required setup CDs, update patches, registration keys/activation details, MedWin daily password, release notes and instructions organised and ready during office hours. MedTech staff will not be about to provide any of the above resources after hours.			
Our After-Hours Support Call Rates:			
<b>Monday to Friday</b> 5:00pm to 10:00pm - \$50 + GST per 15 min 10:00pm to 8:30am - \$100 + GST per 15 min		<b>Saturday, Sunday, and Public Holidays</b> 8:30am to 5:00pm - \$50 + GST per 15 min 5:00pm to 8:30am - \$100 + GST per 15 min	
The following rules apply to After-Hours support call billing:			
<ul style="list-style-type: none"><li>• Support hours are based on the local time of where the practice resides.</li><li>• Registration for after-hours support is free. No charges will apply if the client does not make the after-hours call.</li><li>• Minimum charge is 15 min per after-hours call (e.g. if the client has called 3 times within 30 min, the total charges will be 3 x 15 min blocks).</li><li>• All After-Hours calls are charged in 15 min blocks (e.g. if the call duration is 20 min, the client will be charged the fees for 30 min in total).</li><li>• The practice named above is aware of the after-hours support fees and has agreed to pay for the fees upon using the after-hours support service.</li></ul>			
Signature: _____		Date: _____	
NOTE: This is to be signed by the contact person for the practice who must have legal authority to accept liability for the practice or has obtained consent from the practice's management to act on behalf of the practice.			

OFFICE USE ONLY				
Name	Description	Start Time	Duration	Charge (\$)
Office Notes:				
Signed: _____		Date: _____		