

# FLOWER MOUND WOMEN'S CARE

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Obstetrics & Gynecology

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## OFFICE INFORMATION

**APPOINTMENTS:** Please be aware that our providers are obstetrical specialists. If they are called away to perform deliveries we may have to reschedule your appointment. Your patience is appreciated on behalf of our staff and the expectant mother. If you need to cancel or reschedule your appointment please give us 24 hour notice. **NO SHOW/RESCHEDULE POLICY: Any repeated no shows or appointments rescheduled within the same day will be subject to \$50 nonrefundable fee to schedule an appointment effective 01/01/2021.**

**INSURANCE:** We are currently participating providers with most insurance companies. Please verify with your insurance company that we are in-network with your plan(s). Also please check with your PCP prior to your appointment to see if a referral is required. Should a referral be required, please obtain the referral prior to your visit: otherwise, you will be responsible for any denied charges. *Please bring your insurance card with you to each of your visits and notify our office if your insurance changes or terminates.*

**FINANCIAL RESPONSIBILITY:** Any co-pays, co-insurance and deductibles will be due at the time of your visit. **All payments due are just an estimate of benefits and any additional financial responsibility after your insurance company has processed your claim is your financial responsibility.** **SELF PAY: If you do not have insurance full payment will be due at the time of your visit and a \$50 deposit will be required when booking an appointment.** We accept Visa, MasterCard, Discover, American Express, checks and cash.

**CONTACTING OUR OFFICE:** Our office phone number is **972-899-9787**. Phone calls made during office hours will be returned as soon as possible. For medication refills, please call your pharmacy and have them fax the refill request. If you require urgent assistance, please inform the front desk.

- Patients with **after hour's emergencies** should proceed to the nearest emergency room. Obstetrical patients should proceed to Labor and Delivery for assessment.

**DISABILITY/ FMLA FORMS & MEDICAL RECORDS:** There is a \$25 fee **per** form and medical record release request. Please allow 1 week for us to complete any forms/record release. (Medical records more than 20 pages are subject to an additional .50 cent charge per page.)

*\*by signing below I have read and understand the policies and fees of the office.*

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_