

**PAUL W. DAUM, M.D. Mansfield Miracles**  
Obstetrics – Gynecology – Infertility  
2800 E Broad St, Suite 412 Mansfield, TX 76063  
Ph. 817-477-0200 Fax 817-225-0920 [www.mansfieldmiracles.com](http://www.mansfieldmiracles.com)

## **Welcome to our practice,**

Thank you for selecting me as your OB/GYN care physician. I will make every effort to provide the highest quality of care for you. It is our desire to provide for your OB/GYN needs thoroughly and efficiently in a warm and friendly environment.

We have enclosed your new patient information packet. Please complete the packet in its entirety before arriving for your appointment. This information is vital to the physician and the front office staff and your appointment could be delayed if you do not have the packet completed before you arrive. Your cooperation is greatly appreciated. We have also enclosed information regarding some of our office policies and procedures. These are for you to keep, read and refer to as needed. Please take time to read them and become familiar with them. As this may answer most questions you may have concerning our office.

Also, please note that payment is and will be expected at the time of your appointment. So please be prepared. We are set up to receive credit card payments of Master Card, Visa and American Express only, as well as, cash, checks and money orders. Should you have any questions, please feel free to call us.

Our office is pleased to have the opportunity to serve you. Our primary mission is to provide you with quality, cost effective medical care. Together, we (patients and office staff) are trying to adapt to the changing way that healthcare is financed and delivered. The following information outlines some of the policies and procedures established for this office.

### **Location:**

Our address is: **2800 E. Broad Street, Suite 412 Mansfield, TX. 76063**

Our phone number is: **817-477-0200**

If you need driving directions to the office, please visit our website: [www.mansfieldmiracles.com](http://www.mansfieldmiracles.com) for more details.

### **Office Hours:** By appointment ONLY

Monday, Tuesday, Thursday, Friday – 9:00 a.m. – 5:00 p.m.

Closed for lunch – 12:30 p.m. – 2:00 p.m.

Wednesday – 9:00am – 12:00pm

**For Emergency Care After Hours:** Call: **817-477-0200** (office), **214-360-5558** (answering service), or go directly to **Labor and Delivery** at the hospital for emergency care.

## **OFFICE POLICIES AND PROCEDURES**

### **Bad Weather Days:**

In the event of bad weather, someone from our office will contact you the day before or the morning of your appointment to let you know of our office closing. We will not be rescheduling your appointment at that time. Please call our office back once the weather has passed and we've re-opened to reschedule your appointment.

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**Cancellations / No Shows:**

Due to the increased number of patient no shows and/or last minute cancellations, effective immediately we now require a **24 hours' notice** if you are unable to keep your appointment. Failure to do so will result in a **\$25 fee each time**. We understand that sometimes emergencies will interfere with schedules, but please make every effort to contact us promptly. Please consider that a missed appointment is valuable time that could have been utilized for other patient care needs.

**Late Arrivals:**

If you are more than **15 minutes late**, you may be asked to reschedule your appointment as this delay not only affects the physician, but also other patients that are scheduled after you.

**Financial Policy:**

We collect ALL patient co-pays, deductibles and/or co-insurance amounts at the time of your appointment. We accept Master Card, Visa, cash and checks. You are responsible for knowing your insurance benefits. Example: what your co-pay amount is, if you have yearly deductible to meet, if you have a co-insurance (percentage) to pay etc. So please be prepared for this.

**Medical Insurance Policy:**

Insurance cards may be checked at EACH visit so please have your most current insurance card available or verification. If you cannot provide your insurance card you may be asked to reschedule your appointment or it will be your responsibility to provide us with the following information upon arrival.

Information We Will Need:

Name of your insurance company and mailing address for the claims, insured's name, date of birth, employer name, SS#, ID# (if different from SS#), policy #, group # and the 1-800 # to the insurance company so we may verify your benefits. All changes that you encounter with your insurance needs to be brought to our attention before you arrive for your scheduled appointment in order to avoid any delays upon your arrival. This protects you from paying a bill because we had the wrong insurance information. There is a narrow window (30-45 days) to present an accurate claim to the correct insurance company. Failure to do so could mean the claim may be denied. In addition, if you have secondary insurance, it will be filed on your behalf if we are contracted with them.

You will be financially responsible for charges and the filing to any insurance carrier that we are not contracted with. If your insurance company fails to make payment to Paul Daum, M.D. for whatever reason or within a 60-day period, **you will be held responsible**.

**Disability / FMLA (Family Medical Leave Act) Forms:**

We have a high volume of patients requesting disability and/or FMLA (Family Medical Leave Act) forms to be filled out that we require all forms to be submitted with patients' signature as early as possible to ensure we have sufficient time to complete them. There is a **\$20 fee** for each set of forms needing to be filled out and a **\$25 fee** for each set of forms that are needed STAT.

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**Medical Records Request:**

We require a 2-week advanced notice on ALL records requested. To ensure efficiency in processing each request, we will need the following information in letter form: current date, patient's full name, date of birth, written content, complete name, address, phone # and/or fax # of where to send the medical records and the patient's signature.

There is a **\$25 fee** if a patient request records sent directly to them. Or they may sign a request with the other doctor's office, they will send us the request and we will send them back the records at **no charge**. Please note that not all medical records can be faxed. In this case, they will be mailed.

**Returned Checks:**

There is a **\$30 fee** for each returned check. You are required to pay that fee plus the amount of the check that was written by cash or money order within 15 days of notification from us. Failure to do so may result in our contacting the District Attorney's office or our collection agency for further review.

If we receive two (2) returned checks from a patient, we will no longer accept another check from that patient. Cash or money orders will need to be the method of payment.

**HIPPA:**

Since the HIPPA (Health Portability & Accountability Act of 1996) has been passed by the government, where it is designed to protect the patient and their privacy as it relates to their medical information, our office now **mandates that NO information will be released to any individual, school, business, family member, or friend unless the patient, or legal guardian of the patient, has signed a HIPPA release form listing them as recipients for this information. NO EXCEPTIONS.**

Thank you and we look forward to serving you,

Dr. Paul W. Daum and Staff.