



RHEUMATOLOGY ASSOCIATES

OFFICE INFORMATION

APPOINTMENTS

Our phone number is 214.540.0700. We see patients by appointment Monday through Friday from 9 am to 4 pm. Please notify us within 24 hours of your scheduled appointment if you must cancel. Please call 214.540.0700 to cancel.

APPOINTMENT CONFIRMATION

A recorded message will be confirming your appointment 3 business days prior to your visit. Patients more than 15 minutes late for an appointment may have to reschedule. You will always receive a confirmation call. Please contact the office if you do not receive a call 24 hours prior to your scheduled appointment. You may confirm or cancel an appointment at any time by calling our automated line at 1-866-445-1978.

INSURANCE COVERAGE VERIFICATION

If you are a new patient, or have a new insurance carrier, please call 214.540.0700 Ext. 4 so we can verify your insurance coverage before your visit. Patients cannot be seen unless benefits are verified.

TELEPHONE CALLS

If you need to leave a message for one of the staff, please include your name, phone number, doctor's name and reason for the call.

Please call during office hours. This will allow us to pull your medical chart for review by the doctor and/or nurse before returning your call. As we see patients throughout the day, we do our best to return calls as quickly as possible. If we receive your call after 2 pm, we may not return your call until the next business day.

TELEPHONE EXTENSIONS

- SchedulingExt. 2
- New Patient ApptExt. 3
- InsuranceExt. 4
- Nurses.....Ext. 7
- PharmacyExt. 8
- Medical Records.....Ext. 9

CONTINUED >

LAB RESULTS

If lab results are normal, you will NOT receive a call from us. Results will be reviewed with you at the next visit.

If results require a change in your medical protocol, you will be notified as soon as results have been reviewed by your doctor.

PRESCRIPTION REFILLS

Have your pharmacy call our office at 214.540.0700 Ext. 5.

We do not take prescription refills directly from patients.

Often times the doctor or nurse will want to review your chart before prescribing more medication, so it is faster if you ***call your pharmacy at least 5 days before your prescription runs out.***

EMERGENCIES

If you are experiencing shortness of breath, chest pain and/or fever, call us immediately. Be sure to leave your name, phone number and the nature of the emergency. If you feel it is critical, call 911 or go to the nearest Emergency Room where they will contact us.

PAYMENTS

It is necessary for patients to pay deductibles and co-payments at the time of their visit. To make payment more convenient, we accept, cash, check, MasterCard, VISA and Discover.



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MAIN OFFICE LOCATION

8144 Walnut Hill Lane, Suite 800
1 block east of Central Expwy
Dallas, Texas 75231

214.540.0700 PHN 214.540.0701 FAX

DUNCANVILLE

903 S. Main St., Suite 107, Duncanville, Texas 75137

GRAPEVINE

901 W. Wall St., Suite 103, Grapevine, Texas 76051

IRVING

3200 N. MacArthur Blvd., Suite 104, Irving, Texas 75062

LEWISVILLE

190 Civic Circle Dr., Suite 145, Lewisville, Texas 75067

PLANO

1200 Medical Ave., Suite 103, Plano, Texas 75075

www.arthdocs.com