



Professional Ultrasound Imaging  
2921 Brown Trail Road  
Suite 150  
Bedford, Texas 76021

Phone: (817) 849-8700

Fax: (817) 849-8701

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Alt. Phone:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**LMP:** \_\_\_\_\_ **Est. Due Date:** \_\_\_\_\_

**# of Pregnancies:** \_\_\_\_\_ **# of Deliveries:** \_\_\_\_\_  
(Including this one)

**Referring Professional:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Professional Ultrasound Imaging is willing to file a claim with your private health insurance on your behalf. The following information is required in order to process your claim correctly and in a timely manner. Thank you.

- I do choose to have PUI, Inc. file insurance- Fill out below
- I do not want to have PUI, Inc. file a claim to my insurance on my behalf. – Leave below blank.

**Guarantor (Policy Holder):** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Insurance Co.:** \_\_\_\_\_

**ID #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Claims Address:** \_\_\_\_\_

**Benefits/Eligibility Phone #:** \_\_\_\_\_

I acknowledge that the above given information is true and accurate to the best of my knowledge and hereby authorize Professional Ultrasound Imaging to use such information in the process of obtaining medical payment and/or used as medical record.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Consent for Basic Ultrasound

Your midwife or physician has requested that you have a sonogram performed on you and your unborn baby. Please read the following, and sign below. If you have ANY questions, please be sure to have them answered to your satisfaction prior to signing and receiving your ultrasound scan.

## About your Ultrasound:

A normal ultrasound does not guarantee a “normal baby”. There are numerous conditions and defects that are not found on sonograms. The sonographer can not guarantee the sex of the baby. The sex of the baby is only an estimated percentage based on the sonographers’ experience that a sex is determined. The long term effects of ultrasound are not known.

*As indicated by my initials and signature below, I understand the following:*

All sonograms are \$160.00. If cash payment is made on date of service, your sonogram will be discounted to \$100.00. If your healthcare provider requests you to come back for a follow-up, or the sonographer has indicated that he/she wishes you return then the cash price of the follow-up sonogram will be further discounted to \$50.00.

PLEASE INITIAL \_\_\_\_\_

Professional Ultrasound Imaging can file a claim with your insurance on your behalf. Often, we are considered an out of network provider meaning many HMO’s will not pay for the sonogram, and some PPO’s will not pay or will pay only the out-of-network benefit. To file on your behalf, we will need a copy of your insurance ID card, and picture ID.

PLEASE INITIAL \_\_\_\_\_

If a claim is filed with your insurance company and your claim is denied, for any reason, you are responsible for the full \$160.00 amount of the sonogram. Discounts are only given when paid at time of service. We cannot discount insurance rates, by law, for this is considered INSURANCE FRAUD.

PLEASE INITIAL \_\_\_\_\_

A receipt for any payments made can be provided to you. So you may file medical expenses on your next years income tax returns. These receipts can not be filed independently by yourself to your insurance to claim funds towards your deductible or to receive reimbursement, for this is considered INSURANCE FRAUD. Unless, your medical insurance plan is required for the patient to file their own claims then it is allowed.

PLEASE INITIAL \_\_\_\_\_

If you did not fill out the insurance portion of the attached demographics, Professional Ultrasound Imaging will not at anytime after today’s sonogram be able to file a claim on your behalf. Leaving the insurance information field blank is declining any insurance claims to be filed by Professional Ultrasound Imaging.

PLEASE INITIAL \_\_\_\_\_

*With the understanding of the above, I give my consent for Professional Ultrasound Imaging to perform a basic obstetrical ultrasound examination on my unborn fetus and myself. I also have reviewed the financial guidelines and all of my questions have been answered to my satisfaction.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_