



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: _____

If you are having a diagnostic ultrasound, Professional Ultrasound Imaging, Inc., can file on your behalf. Please have your insurance card present and fill out the below information needed to do so.

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, Inc. to use such information in the process of obtaining medical payment and/or used as medical record.

I hereby give my consent for _____ to undergo and
(Name)

Diagnostic ultrasound administered by representatives of Professional Ultrasound Imaging, Inc.

Patient/Parent/Guardian Name: _____
(Print Please)

Patient/Parent/Guardian Signature: _____ Date: _____