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Accredited with the American Institute of Ultrasound in Medicine
and by the Fetal Medicine Foundation

Referring Obstetrician ________________________________ Office Location __________________

Last Name ________________ First Name______________ M ___ Marital Status: M S D SEP
(circle one)

Address _______________________________ Apt # _____ City _____________ State_____ Zip________

Home Phone __________________ Day Phone ________________ Cell Phone _____________

Date of Birth_____/___/________ Social Security # _____________ Ethnic background ______________

Due Date____ / __ / _____Last Menstrual Period___ / ___/___ Email __________________________

ALL INSURANCE PLANS MUST BE LISTED TO AVOID PENALTY.

$100 fee will be applied for false information !! **Patient Initials**_________

Are you employed? _____ Do YOU have health insurance through your employer?________

Patient's name of employer ________________________________

Your insurance ________________________________PPO POS EPO HMO Medicaid

Group ___________Policy ID__________________ SS# ___________ Date of Birth ____/____/______

Husband/Parent's/Partner insurance___________ PPO POS EPO HMO Medicaid

Group ___________Policy ID__________________ SS# ___________ Date of Birth ____/____/______

Policyholder __________________________Relationship to Policy Holder: Spouse, Child, Other Dependant
Last, First, Middle Initial (circle one)

Policy Holder Employer Name ____

DO YOU HAVE HSA or HRA? (Health Savings/Reimbursement Account) Yes ____ No ____

Medicare? Yes ___ No ___ (We do not participate with Medicare)

Medicaid? Yes ___ No ___ Please verify with Front Desk if we accept your particular Medicaid plan.

Have you had any other insurance in the last year? Please list: ___________________________

Group ___________Policy ID__________________ employer___________Date of Birth ____/____/____

Policyholder _________________ Termination Date:___________Relationship: Spouse, Child, Other

Patient Signature ______________________ **Date: ____________**

IMPORTANT: If you have more than one insurance policy, please ensure you have updated your Coordination of Benefits (COB) with all of your insurances to avoid denials.

It is considered insurance fraud, a federal offense, for providing false insurance information.