



**FEE FOR SERVICE:** Our policy requires payment of your deductible and/or coinsurance at the time of service. Sonograms may have a different co-payment than routine visits. We are pleased to accept MasterCard, Visa, Discover, and American Express, checks, cash, money orders or traveler’s checks.

**NEW INSURANCE / CHANGE OF INSURANCE:** Should your insurance change at any time during your pregnancy it is your responsibility to notify us in writing within 10 working days of this change. We have to have this information in order to file your claim with the correct carrier before the insurance company’s filing deadline. **If you are not sure that our physicians are providers for your PPO, call your insurance carrier for clarification.**

**HMO MEMBERS:** You are responsible to see that we have a current referral on file if your insurance carrier requires one. If we do not have this referral at the time of your visit, your insurance company may hold you responsible for all charges.

**FULL CARE OBSTETRICAL PATIENTS:** It is our policy that the coinsurance or co-payment for which you are responsible as a full care obstetrical patient be paid in full by your 28th week (7th month) of pregnancy. A billing person will discuss the amount owed with you either in writing or in person.

**AMNIOCENTESIS, CHOROINIC VILLUS SAMPLING AND OTHER SPECIALIZED TESTING:** Our office will charge you for the services we provide. You will receive a separate bill from the laboratory that processes the test.

If you have any questions regarding our financial policy or your insurance reimbursement, please feel free to discuss them with our billing office at 1-800-738-5544 or the office manager.

**I have read and understand my financial responsibilities under this policy of Obstetrix Medical Group.**

➤ \_\_\_\_\_  
Signature of Patient

\_\_\_\_\_ Date

**NOTICE OF PRIVACY PRACTICES  
PATIENT ACKNOWLEDGMENT FORM**

Our Notice of Privacy Practices (“Notice”) provides information about: 1) the privacy rights of our patients; and 2) how we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to **privacy\_officer@mednax.com** or a letter to:

Privacy Officer  
Pediatrix Medical Group, Inc.  
1301 Concord Terrace  
Sunrise, FL 33323

By signing this form, you are only acknowledging that you have been provided our Notice.

➤ \_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_ Date

➤ \_\_\_\_\_  
Print Name of Patient/Authorized Representative



**AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO FAMILY AND FRIENDS**

I authorize the practice to discuss appointment dates, times, location, medical history, diagnosis, treatment, prognosis, financial, insurance and billing information with those listed below. I understand that my or my child’s healthcare provider will use his/her judgment in sharing this information in order to foster continuity of care. The release of copies of medical records will require a signed HIPAA-compliant authorization. This permission will be considered on-going until I indicate otherwise in writing.

→ **PHI may be released to the following individuals:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

→  **Yes**  **No** The practice staff have my permission to share my or my child’s personal health information with family members or others who are in the room with me/us during the appointment.

**THE PRACTICE STAFF HAVE MY PERMISSION TO LEAVE MESSAGES CONCERNING TREATMENT (i.e., LAB RESULTS) on my: (Please check all boxes that apply)**

- Home Voice Mail or Answering Machine      Home Phone number: \_\_\_\_\_
- Cell phone      Cell phone number: \_\_\_\_\_
- Work Voice Mail      Work phone number: \_\_\_\_\_

**NO INFORMATION:** I do not authorize the release of any verbal information (other than appointment reminders to the number(s) that I have provided).

→ \_\_\_\_\_      \_\_\_\_\_  
Print Name of Patient      \*Print Name of Authorized Representative

\_\_\_\_\_  
Patient/Authorized Representative Signature      Date Signed

Authorized Representative’s authority\* to act on the Patient’s behalf:

- Parent/legal guardian       Power of Attorney

\*Evidence of authority must be provided and on file with the practice.

## **IMPORTANT INFORMATION REGARDING ULTRASOUND EXAMINATION**

### **What is Ultrasound?**

Ultrasound uses the same principle as sonar. Sound waves from the ultrasound probe (far beyond the range of human hearing) bounce off of the uterus, placenta, and baby making echoes which a computer converts into detailed images. In essence, an ultrasound is a series of pictures of the baby and organs in the mother's pelvis.

### **Is Ultrasound safe?**

There has been extensive evaluation of the safety of diagnostic ultrasound. There is no documented evidence that diagnostic ultrasound causes harm to either the mother or the baby when ordinary power is used. Ultrasound exams done in our facility are done using the lowest power level that can reasonably achieve a meaningful image.

### **Does a normal Ultrasound prove that my baby will have no abnormalities?**

Ultrasound examinations can detect many abnormalities, but some abnormalities are not detectable by ultrasound. The exam gives information about the size and shape of the bay and the baby's organs, but does not give complete information about the function of the baby's organs or tell us that the baby is completely "healthy". Abnormalities of brain function such as mental retardation cannot b e detected by ultrasound exam but become apparent later in the pregnancy.

You should realize that even with a complete ultrasound exam, we may be unable to find existing fetal abnormalities that can appear later in pregnancy or after birth. Thus, although ultrasound examination is a very helpful diagnostic tool, it should not be considered absolute proof that the baby is normal.

### **Can Ultrasound determine if there are chromosomal abnormalities?**

Findings on an ultrasound exam can be an indicator of potential chromosomal abnormalities but are not definitive. Currently the only way to assess the baby's chromosomes with certainty is to actually obtain a sample of the baby's cells by amniocentesis, chorionic villus sampling or fetal blood sampling. Some pregnancies are at increased risk for fetal chromosome abnormalities either because of the mother's age, because of results of blood screening test, or because of findings on the ultrasound exam. It is important to realize that an ultrasound exam cannot tell for certain whether the baby's chromosome count is normal or abnormal. A normal ultrasound examination does not guarantee that the chromosomes are normal.

If you have any questions concerning ultrasound, please do not hesitate to ask the ultrasound technologist, perinatologist, or your doctor. You are requested to sign this document before your ultrasound examination to acknowledge that you have read and understood the information on this form and have had the opportunity to ask questions.

---

**Patient/Guardian Signature**

---

**Date**

---

**Printed Name**

---

**Date of Birth**