

**ADVANCED BENEFICIARY NOTICE**  
**OB Ultrasounds**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Please Print)

Obstetrical ultrasounds are recommended at various times during your pregnancy. Annapolis OB/GYN Associates, P.A. can perform these ultrasounds in our office.

Many insurance plans only allow one ultrasound during each pregnancy unless the additional ultrasounds are medically indicated. If your insurance company determines that a particular ultrasound is not "medically necessary", is "non-covered" or exceeds the number of covered ultrasounds, they will deny payment for the procedure. You will be responsible for payment in full. Alternatively, you may have an insurance plan which requires you to use a contracted radiology facility in order to have your ultrasound covered by insurance. If your ultrasound is provided at Annapolis OB/GYN you will be responsible for payment in full. If you would like Annapolis OB/GYN Associates, P.A. to perform your ultrasound(s) a waiver assuming financial liability must be signed prior to the ultrasound being performed.

**8 weeks EGA:** (\$150.00 plus \$100.00 each additional fetus). This ultrasound is performed to establish gestational age, confirm the viability of the pregnancy or to rule out an ectopic or tubal pregnancy.

**11 weeks 3 days to 13 weeks 6 days EGA:** (\$155.00 plus \$155.00 each additional fetus). Done in conjunction with blood work, a first trimester nuchal translucency ultrasound is recommended as an early means to screen for Down's syndrome.

**18-20 weeks EGA:** (\$250.00 plus \$250.00 each additional fetus). The level II OB ultrasound is performed to assess fetal anatomy, growth and development.

Additional, medically indicated ultrasounds may be performed based on your individual pregnancy and at the physician's discretion.

**Amniotic Fluid Index** (\$150.00) is done in conjunction with a fetal non-stress test. This test is performed only at the physician's request or recommendation, and is always medically necessary.

**BPP or Biophysical Profile** (\$150.00) is an ultrasound performed alone or with a fetal non-stress test. This test is performed only at the physician's request or recommendation and is always medically necessary.

**Beneficiary Agreement**

The following insurances will **NOT** cover ultrasounds performed in our office:

*Aetna HMO*

*Blue Choice*

*Blue Choice Open Access*

*Care First Blue Choice HMO, MHIP*

*MDIPA*

*Opt Choice*

NOTE: If you are insured by Kaiser, you must have a referral for every ultrasound performed here.

I have been notified by Annapolis OB/GYN Associates, P.A. that my insurance company (write full name of your insurance company) \_\_\_\_\_ may or may not cover the services identified above. Please choose one of the following agreements:

\_\_\_\_ I **would** like to have the service(s) mentioned above performed at Annapolis OB/GYN. If my insurance company denies payment, I agree to be personally and fully financially responsible for payment.

\_\_\_\_ I **will NOT** have the above service(s) done at Annapolis OB/GYN. I understand that my insurance company may deny payment if I have these services done here.

Responsible Party Signature \_\_\_\_\_ Date: \_\_\_\_\_