



2201 MURPHY AVE · STE 110 · NASHVILLE · TN · 37203

615.342.6850 OFFICE 615.342.6854 FAX

Date: _____

New Patient Patient Update

Referring Physician		<input type="checkbox"/> I AUTHORIZE IVWU TO CONFIRM I AM A PATIENT TO ANYONE INQUIRING	
Patient		SSN	DOB
Address		City / State	Zip
Home or Cell	Work	Patient Employer	

Emergency Contact

Name	Relationship to Patient	Phone 1	Phone 2
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Primary Insurance		Secondary Insurance	
Primary Insured Individual	Relationship to Patient	Primary Insured Individual	Relationship to Patient
SSN of Primary Insured Individual	DOB of Primary Insured Individual	SSN of Primary Insured Individual	DOB of Primary Insured Individual
Insurance Company Name	Policy ID	Insurance Company Name	Policy ID

IMPORTANT PATIENT INFORMATION

- **ALLERGIES – PLEASE INFORM YOUR SONOGRAPHER IF YOU ARE ALLERGY TO LATEX, IODINE OR OTHER SUBSTANCES**
- **ALL ABDOMINAL BODY PIERCING JEWELRY MUST BE REMOVED FOR SONOGRAPHER TO COMPLETE ULTRASOUND SCANS**
- **CELL PHONE USE IS PROHIBITED IN THE EXAM ROOMS**
- **GUESTS ARE LIMITED TO TWO DURING EXAMS AND MUST ALL ENTER THE ROOM WITH THE PATIENT AT ONE TIME**
- **CHILDREN AGES 4 AND UNDER MUST HAVE AN ADULT TO ACCOMPANY THEM DURING YOUR EXAM**

FINANCIAL POLICY – FOR PATIENT INFORMATION

Please review the following information to help you make an informed decision and understand your financial rights and responsibilities pertaining to your healthcare choices to avoid any confusion or delays in the services you are scheduled for.

- All patients must provide a copy of their Insurance Benefits Card at time of check-in.
- As the patient, or guardian of a minor, you are responsible for knowing your benefits, including any co-payments or co-insurance levels, requirements for specialist referrals and any benefit exclusions. Please contact your insurance company's customer service department regarding your coverage or benefits. All contact information for your insurance company is listed on your insurance benefits card.
- A \$25 service charge will be applicable for all returned checks in addition to any charges assessed by your financial institution.
- Patients requiring services due to an injury that involves a third party account will be responsible for their own account.
- The person receiving treatment or the guardian of a minor bears the financial responsibility for the services provided. If the treatment or services are court ordered, the financial responsibility must be determined between the two parties involved without the inclusion of IVWU.
- All patients with insurance requiring a referral for OB/GYN services are required to present a copy of the referral before services are provided. All patients seeking service without a referral will be required to pay for the service in advance or reschedule their appointment.
- IVWU reserves the right to discontinue care for any patient due to non-payment.
- IVWU will make every reasonable effort to collect payment on a patient's account before turning it over to collections. If an account is turned over to collections due to non-payment, no further services will be rendered, regardless of insurance coverage until payment in full is received. All associated legal and collection fees incurred in collecting on the account will be the responsibility of the patient.

WRITTEN ACKNOWLEDGMENT RECEIPT OF IVWU NOTICE OF PRIVACY PRACTICES

I, _____, HAVE RECEIVED A COPY OF INNER VISION WOMEN'S ULTRASOUND NOTICE OF PRIVACY PRACTICES.
PATIENT / GUARDIAN OF MINOR

PATIENT SIGNATURE OR GUARDIAN OF MINOR

RELATIONSHIP TO PATIENT IF GUARDIAN

DATE