Perinatal Associates
of NEW MEXICO

PATIENTS NAME (FIRST) (MIDDLE INITAL) (LAST) DOB DATE

SOCIAL SECURITY # DRIVER'S LICENSE #

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE CELL PHONE

REFERRING PROVIDER PHONE

EMPLOYER PHONE

OCCUPATION LENGTH OF EMPLOYMENT

FATHER OF BABY DOB SS#

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE CELL PHONE

EMPLOYER PHONE

OCCUPATION LENGTH OF EMPLOYMENT

PHARMACY OF CHOICE LOCATION PHONE

PRIMARY INSURANCE SECONDARY INSURANCE

NAME OF INSURED NAME OF INSURED

RELATIONSHIP RELATIONSHIP

CITY STATE ZIP CITY STATE ZIP

MEMBER ID# MEMBER ID#

GROUP # GROUP #

EMERGENCY CONTACT RELATIONSHIP

ADDRESS PHONE

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I herby authorize payment directly to PERINATAL ASSOCIATES OF NEW MEXICO, LTD. of the surgical and/ or medical benefits, if any, otherwise payable to me for their services. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.
RELEASE OF INFORMATION. I herby authorize said assignment to release all information necessary to secure payment.

SIGNATURE DATE

Perinatal Associates of NEW MEXICO

Notice of Privacy Practices Receipt / Authorization to Leave Messages

I, _____ , have been offered a copy of
patient printed name
Perinatal Associates of New Mexico's Notice of Privacy Practices.

☐ I accept a copy of this Notice

☐ I decline a copy of this Notice

Signature of Patient: _____ Date: _____

VOICEMAIL AUTHORIZATION

☐ I,_____, hereby give my permission for Perinatal Associates of New Mexico, Ltd. to leave a voice-message and/or text message at the numbers indicated below regarding my medical care. This includes detailed medical information and test results.

☐ Voice-message at _____

☐ Text message at_____

☐ I,_____, **DO NOT** authorize Perinatal Associates of New Mexico, Ltd. to leave a voicemail regarding my medical care.

Signature of Patient:_____ Date:_____

DISCLOSURE OF INFORMATION TO OTHERS

☐ I,_____, hereby give my permission for Perinatal Associates of New Mexico, Ltd. to discuss appointment scheduling and medical information, including test results, with the following:

Name/Relation/Phone: _____

☐ I,_____,**DO NOT** give Perinatal Associates of New Mexico, Ltd. to speak to anyone aside from myself regarding appointment scheduling and medical information, including test results,

Signature of Patient:_____ Date: _____

Perinatal Associates
of NEW MEXICO

Request for Restrictions of Protected Health Information

Patient please note: Perinatal Associates of New Mexico, LTD is not required to agree to your request. Perinatal Associates of New Mexico, LTD does not accept any requests to restrict Perinatal Associates of New Mexico, LTD from sending records to referring physicians, any health care provider, hospital, insurance company, in case of an emergency, or to establish care. Please see our notice of privacy practices for more information regarding such requests.

PATIENTS NAME _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF PHI (PROTECTED HEALTH INFORMATION) TO BE RESTRICTED OR LIMITED: (please check all that apply)

- ☐ Home Phone
- ☐ Home Address
- ☐ Occupation
- ☐ Name of Employer
- ☐ Visit Notes
- ☐ Hospital Notes
- ☐ Prescription Information
- ☐ Patient History
- ☐ Office Address
- ☐ Office Phone #
- ☐ Spouse's Name
- ☐ Spouse's Office Phone #
- ☐ Other

How would you like the use and (or disclosure of) your PHI restricted?

_____

_____

SIGNATURE OF PATIENT/GUARDIAN _____ DATE _____

Office Use Only:

RESTRICTIONS: ☐ ACCEPTED ☐ DECLINED

EMPLOYEE SIGNATURE _____

Perinatal Associates
of NEW MEXICO

Financial Policy

Perinatal Associates of NM is committed to providing you with the best possible care. Your clear understanding of our financial and clinical policies is an essential element of your care and treatment.

If you have any questions about the information in this policy, please contact our Billing Department at (505)764-0148.

Unless other arrangements have been made in advance by either you or your health coverage carrier, full payment is due at the time of service. For your convenience we accept checks, cash, MasterCard, Visa, Discover and American Express credit cards and ATM debit cards.

Your Insurance

It is your responsibility to understand the benefits offered by your insurance plan. We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits.

If you have insurance coverage with a plan that we do not contract with we will prepare and send the claim for you on an assigned basis. This means your insurer will send the payment directly to our office. Any unmet deductibles and/or balances remaining after your insurance has paid is your financial responsibility. In the event your health plan determine a service to be "not covered", you will be responsible for the complete charge. We are specialists, and therefore not included in your global maternity benefit. You will be charged a copay when you have a visit with a provider.

We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

SIGNATURE OF PATIENT or Responsible Party _____ DATE _____

SIGNATURE OF CO-RESPONSIBLE PARTY _____ DATE _____

Clinic Policies

We do not allow the usage of cell phones while in the clinical area.

We do not allow the taking of photos, audio, or video of any sort while your ultrasound is being performed. We will be glad to give you images and/or a DVD of your exam.

I understand PANM's clinical policies:_____(Please initial)

Perinatal Associates
of NEW MEXICO

Important Information Regarding Ultrasound Examination

What is an 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 exam is a series of pictures of the baby and organs in the mother's pelvis.

Are ultrasounds 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 and frequency 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 examination can detect many abnormalities, but some abnormalities are not detectable by ultrasound. The exam gives information about the size and shape of the baby 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 be detected by ultrasound. Additionally, there are many conditions that evolve over time, appearing normal at the same time of the ultrasound exam but become apparent later in the pregnancy.

You should realize that even with a complete ultrasound exam, we many be unable to find existing fetal abnormalities or those abnormalities that can appear later in the 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 an ultrasound determine if there are chromosomal abnormalities?

Findings on 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 the 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.

SIGNATURE OF PATIENT/GUARDIAN _____ **DATE** _____

PRINTED NAME _____ **DATE OF BIRTH** _____