



3527 Highway 6, Su. 270 Sugar Land, TX 77478  
Off: 281-242-3343 Fx: 281-242-3358

### Patient Financial Acknowledgement

Baby Image 3D/4D Ultrasound has verified that the following procedure:  
Procedure(s):

\_\_\_\_\_  
\_\_\_\_\_

CPT: \_\_\_\_\_

Scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Is not covered by your insurance policy and/or self-pay \_\_\_\_\_ initial
- Is not authorized by your insurance plan \_\_\_\_\_ initial
- Has not been pre-certified by your insurance plan \_\_\_\_\_ initial

I \_\_\_\_\_, have read and initialed as indicated above and I acknowledge that I am solely responsible for payment for this service. I understand that payment-in-full is required at time of service and that a bill will not be submitted to my insurance company on my behalf. Should I or the policyholder submit a claim to an insurance company and payment of the claim is denied, I will not hold Baby Image 3D/4D Ultrasound or its affiliates responsible.

FOR OFFICE USE ONLY	
_____	____/____/____ Date
Payment: __Cash __Check __ Visa __ MasterCard __Discover __Amex	