Kathy E Wolf MD PC
Bringing hope through compassionate healthcare

Dr. Kathy E. Wolf
Dr. Carolyn F. Davis
Dr. Mary N. Smith
Dr. Lauren G. Outlaw
Dr. Kimberly S. Oh

Ultrasound Agreement

To better serve you here at Kathy E. Wolf, MD, PC, we have provided an in-house registered diagnostic medical sonographer. *Ultrasound findings are read by a third party radiologist*. Final reports are sent to our doctors within 48 hours of exam. **Services rendered by the radiologist are billed separately to insurance and you may receive a separate provider/physician bill for any portion not covered by your insurance plan**. If you are a self-pay patient, we encourage you to compare prices at other facilities that offer the same services.

Missed ultrasound appointments

We understand that uncontrollable life events may sometimes occur. However, due to the limited amount of space, there will be a $50.00 fee for cancellations that are not made 24hrs prior to a scheduled ultrasound appointment OR no-shows. If this matter occurs more than once, patients will then be referred out to a radiology center for exams.

Elective Ultrasounds

We know you are excited about the upcoming birth of your child and thank you for allowing us to be a part of this joyous experience. While we understand that this is an exciting time for you and your family, we also need you to be aware that elective ultrasounds or ultrasounds that are not medically necessary, most often are **not** covered by your health insurance plan. If you desire an elective ultrasound, Kathy Wolf MD, PC is happy to schedule an appointment for you. Please be aware that if your insurance company does not pay for these ultrasounds, you will be responsible for payment of no more than $100 for each ultrasound without medical indication.

USB Flash Drives

We provide one USB for each obstetrical patient free of charge. USBs are used to store patient results and ultrasound images. We encourage patients to bring the USB to each appointment. This is especially important for ultrasound appointments as this may be the only opportunity to have images downloaded to the USB**.** If a USB is lost, a replacement may be purchased for $10.00 (Note: We are not able to use USBs other than the one that is provided by our office).

I have read and reviewed these terms and understand that I am responsible for any fees not paid by my insurance company.

_____ _____

Date Signature patient / guardian

_____ _____

Relationship to Patient Printed name of patient/guardian

3299 Woodburn Road, Suite 350 ◆ Annandale, VA 22003
Tel: (703) 260-1179 ◆ Fax (571) 405-6234

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