

*Jeri Shuster, M.D., P.A.*  
*and Women's Center, Inc.*

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists  
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

**WAIVER FOR ULTRASOUND (SONOGRAM)**

PLEASE PRINT THIS FORM, SIGN, AND BRING WITH YOU TO ULTRASOUND APPOINTMENT IF NOT DONE AT THE TIME OF SCHEDULING. THANK YOU.

Name (Please print): \_\_\_\_\_

My signature on this form confirms that I have been advised that I am responsible for payment if my health insurance company denies payment. The procedure has been pre-authorized with your insurance company by the office of Jeri Shuster M.D., P.A. Even though we have called them and the study has been approved by them, the insurers always qualify by stating that authorization does not guarantee payment. Please call the member number on your card to determine what, if any, payment is due out of pocket and to make sure the visit is authorized.

Our fee schedule is as follows:

Transvaginal Ultrasound (code 76856): \$450.00  
Pelvic Ultrasound (code 76830): \$450.00  
Limited Renal Ultrasound (code 76775): \$450.00  
Combined Transvaginal and Pelvic Ultrasound (codes 76856 and 76830): \$900.00

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

