

CARNEGIE HILL
 1245 Madison Avenue
 (Between 89th & 90th)
 New York, NY 10128
 (212) 722-7426
 Fax: (212) 722-7185

CARNEGIE IMAGING FOR WOMEN

THE LEADING EDGE
IN WOMEN'S HEALTH

CARNEGIE SOUTH
 148 Madison Avenue
 (Between 31st & 32nd)
 New York, NY 10016
 (212) 427-1576
 Fax: (212) 348-3613

Name: _____ Insurance: _____ Date: _____
 LMP is _____ or Assigned EDC is _____ Referring MD _____
 Scheduled Appointment Date/Time: _____

George Mussalli, MD
Jaqueline Worth, MD
VILLAGE OBSTETRICS
 101 West 12th St. NY, NY, 10011
 tel 212.627.9556, fax 212.627.9035

Scans:

- Viability/Dating Anatomy Anatomy & NTD Quad Screen F/U OB
 Doppler Study Amniotic Fluid Check Cervical Length Cervical Length & FFN Placental Check
 Growth Scan BPP
 GYN Scan
 Other: _____

- Singleton
 Twins
 Triplets
 Other

Procedures:

- Amniocentesis for Genetics Indication (Genetic Counseling Required) Amniocentesis for Lung Maturity
 Chorionic Villous Sampling CVS (Genetic Counseling Required) Multifetal Pregnancy Reduction (Genetic Counseling Required)
 Genetic Counseling Only Saline Infusion Sonohysterogram (SIS) Other _____

First & Second Trimester Aneuploidy Screening (with NTD Labs):

- First Trimester Screen (Nuchal Translucency, PAPP-A, Free Beta, Nasal Bone)
 IRA (Same Day Results for First Trimester Screen)
 Sequential Screen (NTD Quad Screen combined with Prior First Trimester Results)

MFM Consultations:

- MFM Consultation if applicable

OBSTETRICAL ULTRASOUND INDICATIONS

<input type="checkbox"/> Abdominal pain (789.09)	<input type="checkbox"/> Habitual aborter (646.33)	<input type="checkbox"/> Hyperthyroidism (648.13-242.9)
<input type="checkbox"/> Abnormal AFP/Triple (646.86-796.5)	<input type="checkbox"/> Polyhydramnios (657.03)	<input type="checkbox"/> Hypothyroidism (648.13-244.9)
<input type="checkbox"/> Abnormal presentation: indicate:	<input type="checkbox"/> Oligohydramnios (658.03)	<input type="checkbox"/> Obesity (646.13)
<input type="checkbox"/> Missed/Incomplete abortion < 22 weeks (632)	<input type="checkbox"/> Hypertension chronic / benign (542.03)	<input type="checkbox"/> Fetal abnormalities (655.83) <i>Specify:</i>
<input type="checkbox"/> Fetal Demise > 22 weeks (656.43)	<input type="checkbox"/> Hypertension gestational (642.03)	
<input type="checkbox"/> Threatened abortion (640.03)	<input type="checkbox"/> LGA (656.63)	
<input type="checkbox"/> Threatened premature labor (644.03)	<input type="checkbox"/> SGA (656.53)	
<input type="checkbox"/> Early pregnancy bleeding (640.93)	<input type="checkbox"/> Twins (651.03) <input type="checkbox"/> Triplets (651.13)	<input type="checkbox"/> Other maternal disease: <i>Specify:</i>
<input type="checkbox"/> Antepartum bleeding (641.93)	<input type="checkbox"/> Preeclampsia (642.43)	
<input type="checkbox"/> Anticardiolipin antibodies (646.93-795.79)	<input type="checkbox"/> Placenta previa w/out bleeding (641.03)	
<input type="checkbox"/> Cervical incompetence (654.53)	<input type="checkbox"/> Placenta previa w/ bleeding (641.13)	
<input type="checkbox"/> Diabetes gestational (648.83)	<input type="checkbox"/> Subchorionic hematoma (656.73)	
<input type="checkbox"/> Diabetes: Type Class (648.03)	<input type="checkbox"/> PROM (658.13)	
<input type="checkbox"/> Ectopic pregnancy (633.90)	<input type="checkbox"/> Retained POC (667.03)	
<input type="checkbox"/> FHR abnormality arrhythmias (659.73)	<input type="checkbox"/> Seizure disorder (648.93-780.39)	

GYNECOLOGIC ULTRASOUND INDICATIONS

<input type="checkbox"/> Abnormal uterine bleeding (626.6)	<input type="checkbox"/> Pelvic pain (625.9)	<input type="checkbox"/> Polycystic ovaries (256.4)
<input type="checkbox"/> Adenaxal mass (620.2)	<input type="checkbox"/> Abdominal pain (789.09)	<i>Other: Specify:</i>
<input type="checkbox"/> Dysmenorrhea (625.3)	<input type="checkbox"/> Ovarian cysts (620.1)	
<input type="checkbox"/> Dyspareunia (625.0)	<input type="checkbox"/> Postmenopausal bleeding (627.1)	
<input type="checkbox"/> Endometriosis (617.9)	<input type="checkbox"/> Uterine polyps (621.0)	
<input type="checkbox"/> Fibroids/Leiomyoma (218.1)	<input type="checkbox"/> Hypertrophy of uterus (621.2)	

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Physician/CNM/NP/PA Signature

- Please check off ultrasound indication(s)
- Fax all necessary referrals and authorizations

*Patients must arrive at the office at least 15 minutes prior to their appointments to complete registration forms.
 Please see reverse side for directions and further instruction.*

REGISTRATION INFORMATION

Payment And Insurance Policies

Please be aware that you are responsible for ensuring payment for all medical services provided. Carnegie Imaging for Women accepts the following insurances:

Aetna
Cigna PPO/HMO / Great West
Empire BCBS PPO/HMO
Empire United
Healthnet
Oxford Freedom Plan
United Healthcare

Please note that if your insurance is on this list, **IT DOES NOT AUTOMATICALLY ENSURE THAT YOU WILL BE FULLY COVERED FOR THIS VISIT.** It is the patient's responsibility to find out the terms and conditions of their particular insurance. The list of insurance plans we accept is subject to change. Please call to confirm a listed carrier or inquire about another plan that might not be posted here. If a referral or a pre-authorization number is required for this visit, it must be obtained by the patient *prior* to their appointment. (Please contact our billing staff in advance for instructions to follow when contacting your insurance carrier for pre-authorizations.) If a co-payment is required for this appointment, it is required at the time of service. All patient charges are the patient's responsibility. Therefore, it is recommended that if you are unsure as to whether or not this appointment will be covered, that you call your insurance company directly.

If your insurance company is not on this list, or if you do not have health insurance, please note that payment, in full, is expected at the time service is provided, unless prior arrangements have been made with this office. We accept personal checks, debit cards, and most major credit cards.

All patients should bring their insurance identification cards (if applicable), referrals/authorization numbers (if applicable), and any other pertinent information at the time of their appointment.