



Mariposa Perinatal Services

Mladen Predanic, MD, MSc, FACOG
Maternal Fetal Medicine

Demographic and Insurance Information

Medical Record # _____

Date _____

REFERRING PHYSICIAN: _____

Patient information:

NAME: _____ DOB: _____

SS#: _____ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Patient Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Language? _____

How well do you speak English? ☐ Well ☐ Fair ☐ Poor ☐ Not at all

E-mail address: _____

Spouse's Information:

Spouse's Name: _____ DOB: _____

SS#: _____ Phone: _____

Patient Employer: _____ Phone: _____

INSURANCE Information:

Primary Insurance: _____ Group: _____ ID: _____

☐ HMO ☐ PPO ☐ POS ☐ EPO ☐ Managed MEDICAID ☐ TRADITIONAL MEDICAID

Insured's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

Secondary Insurance: _____ Group: _____ ID: _____

☐ HMO ☐ PPO ☐ POS ☐ EPO ☐ Managed MEDICAID ☐ TRADITIONAL MEDICAID

Insured's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____



Authorization to Release Protected Health Information (PHI) To Family Members and Friends

I authorize Mariposa Prenatal Services (MPS) PLLC to discuss appointment, dates, times, location, medical history, diagnosis, treatment, laboratory results performed by any Commercial or Hospital laboratory, prognosis, financial and insurance and billing information with those persons listed below. I understand that my or my child's healthcare provider will use his/her judgment in sharing this information in order to foster continuity of care as necessary. The release of medical record's copies will require a signed HIPPA compliant authorization. This permission will be considered on going until I indicate otherwise in writing.

PHI may be released to the following individuals:

1. _____
2. _____
3. _____

Statement regarding the presence of family members of others in exam room:

☐ YES ☐ NO The practice staff have my permission **to share my or my child's personal health information** with family members or others **who are in the room with me/us during the appointment.**

Communication statement:

☐ YES The practice staff have my permission to leave messages concerning treatment and results on my:

Home Phone #: _____ Cell #: _____

☐ NO I do not authorize the release of any verbal information (other than appointment reminders to the phone number that I have provided)

Print Name of Patient

Patient/Authorized Representative Signature

Authorized Representative's authority* to act on the Patient's behalf:
(* Evidence of authority **MUST** be provided and kept on file with patient's medical record)

Date signed: _____

☐ Parent/Legal Guardian ☐ Power of Attorney

Notice of Privacy Practices & Patient Acknowledgment Form

Our Notice of Privacy Practices ("Notice") provides information about:

1. The privacy rights of you patients
2. How we may use and disclose protected health information about our patients.

Federal regulations require that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

If you have any questions about your rights or our privacy practices, please send an electronic message (e-mail) to Privacy Officer at mariposaperinatal@99MGMT.COM, or a letter to:

Privacy Officer
Mariposa Perinatal Services PLLC
9330 Lyndon B Johnson Fwy Suite 800
Dallas, TX 75243

By signing this form, you are only acknowledging that you have been provided with our MPS PLLC Notice:

Patient/Authorized Representative Signature

Date signed: _____



Our Financial Policy

Our physician(s) and practice staff are concerned about the cost of your health care and have taken considerable effort in setting practice fees that are competitive, reasonable and within the guidelines provided by CMS office and insurance companies. We assure you that our charges reflect the skill and expertise, training and ongoing continued medical education and certification(s) needed for highest level of the evaluation and management of your and your fetus' high risk obstetrical or other medical condition.

- We participate in numerous managed healthcare plans, including Medicaid. However, if you have questions regarding our participation in your specific plan, please do not hesitate to ask and/or contact your insurance provider for clarification.
- *If you have any questions regarding our financial policy or our fees, please feel free to discuss them with our billing office at (972) 972-5700.*

In accordance with SB1731, upon request, you will be given an itemized statement of charges including an explanation of said charges within the (10) business days. Medicaid or HMO/PPO participants understand that it is YOUR responsibility to provide all necessary insurance coverage information, as well as obtaining prior AUTHORIZATION from your primary health care provider for this visit. **FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN YOU BEING FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED.**

Please, also understand that **your health care provider referred you to our practice and requested** evaluation, management and recommendations associated with/without one or multiple imaging or diagnostic or laboratory tests/procedures.

- Our charges (single or multiple) reflect requested and performed evaluation and management as a part of our Consultative services.

Authorization to Release Records

I hereby authorize Mariposa Perinatal Services PLLC to release any medical information including, but not limited to, information concerning communicable disease such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) or Hepatitis C and similar, laboratory test results, medical history, progress notes, or any other such related information to:

1. Representative of local, state or federal agencies in accordance with the law,
2. My insurance carrier or its designated representatives,
3. Person(s) financially responsible for my care or treatment in order to obtain payment for expenses incurred.

I UNDERSTAND THAT MY MEDICAL INFORMATION MAY BE NECESSARY FOR MY INSURANCE COMPANY TO PROCESS A CLAIM. I FURTHER UNDERSTAND THAT BY NOT SIGNING THIS RELEASE I ACCEPT FULL FINANCIAL RESPONSIBILITY AND WILL PAY ALL CHARGES AT THE TIME SERVICES ARE RENDERED.

Assignment of Benefits/Financial Responsibility

Although we are happy to assist you in submitting and appealing your claim, please understand that your insurance policy is an agreement between YOU and YOUR insurance carrier. **You are responsible for all lawfully incurred expenses whether or not covered by insurance.**

At the time services are rendered your DEDUCTIBLES, CO-PAYMENT or PERCENTAGE PORTION OF CHARGE is required.

- *We accept MasterCard, Visa, Discover, American Express, Bank personal Checks, Cash or Money Orders.*

I hereby authorize transfer of any benefits to or for my benefit under hospitalization, sickness, accident, or any other insurance coverage for payment of services rendered to Mariposa Prenatal Services PLLC.

- I also understand that should this account become delinquent, I will be financially responsible for Collection agency and/or Attorney's fees.
- **I agree to fulfill all policy provisions required by my insurance company.**

My signature, or that of representative, confirms my understanding of the above.

Patient/Authorized Representative Signature

Date signed: _____

Print Name of Patient

Print Name of Authorized Representative



Important Information Regarding Ultrasound Examinations

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 fetus, making echoes, which a computer via software converts into detailed images. In essence, an ultrasound exam is a series of pictures of the baby and organs in the mother's pelvis displayed as a 'movie'.

Is an Ultrasound 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 output and frequency are used. Ultrasound exams done in our facility are done using the lowest power level that can reasonably achieve a meaningful image.
- Our Maternal-Fetal Medicine physician(s) and ultrasound technician(s) are highly educated and trained how to utilize ultrasound equipment in a safe manner, and our practice complies with all requirements and guidelines of the American Institute of Ultrasound in Medicine (AIUM).

Does a 'Normal Fetal 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 organ functionality or tell us that the baby is completely "healthy".
- For example, abnormalities of brain function such as mental retardation or autism cannot be detected by ultrasound. Additionally, there are many conditions that evolve over time, appearing normal at the time of the ultrasound exam, but become apparent later in the pregnancy or after the delivery.
- You should realize that even with a complete ultrasound exam, we might 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 an ultrasound exam can be an indicator of potential chromosomal abnormalities, but are not definitive. Currently, the only way to assess the baby's chromosomes (including gene mutations) with certainty is to actually obtain a sample of the baby's cells by *chorionic villus sampling, genetic amniocentesis, or fetal blood sampling*.
- Some pregnancies are at the increased risk for fetal chromosome abnormalities, either because of the mother's age, because of blood screening result or because of findings on the ultrasound exam.
- It is important to realize that an ultrasound exam cannot exclude possible baby's chromosomes' abnormalities. At the same time, a 'normal fetal ultrasound' examination does NOT guarantee that the chromosomes are normal.
- If you have any questions concerning an ultrasound, please do not hesitate to ask the ultrasound technician, or MFM physician.

A Note Regarding 3D/4D Ultrasound

- Our practice is very knowledgeable in utilization of 3D/4D sonogram. However, even today, 3D/4D sonogram is not considered diagnostic and, therefore, is NOT covered by insurance companies.
- We kindly ask you not to insist to have 3D/4D sonogram images of your baby-ies during the scan, as they are NOT part of the fetal evaluation. Though, if time constraint and fetal position allow good quality 3D image of the fetus, we will gladly produce one. Note that regardless of the 3D image production (that is not covered or paid by your health insurance) we will NOT charge you, but rather ask you to offer a 'monetary donation' for local charity (please, see donation box at the front of the office).
- In contrast, we are capable to manufacture a 3D print (via 3D printer) of your fetus, but for which a separate charge will be required with your request in advance (please ask the administrative assistant/receptionist for more detail).

You are requested to sign this document before your ultrasound examination to acknowledge that you have read and understood information on this form and have had or will have the opportunity to ask questions in this regard.

Patient/Authorized Representative Signature

Date signed: _____

Print Name