

Fair Oaks Women's Health
Obstetrics and Gynecology
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Obstetrical Ultrasound Policy

It is the custom and practice for all obstetrical patients seen at Fair Oaks Women's Health to undergo a minimum of 3 ultrasound examinations per pregnancy. Note: we may use the terms sonogram, sono, scan and ultrasound all referring to an ultrasound exam.

The first ultrasound is performed at the initial visit. This is to verify that you are pregnant, to determine if there is one or more than one fetus, to help establish the correct due date, to make sure that this is not an ectopic pregnancy and to confirm that the pregnancy is viable.

The second ultrasound is performed at about 18 to 20 weeks. This is to evaluate the fetal anatomy, look for possible congenital anomalies and check the position of the placenta. This is a very detailed examination as we check for more than 50 different findings. Sometimes we refer patients to a Maternal-Fetal Medicine specialist for this type of sono.

The third ultrasound is at about 32 weeks. This is to determine if the fetus is head down or breech, to evaluate the amount of amniotic fluid, to determine the estimated fetal weight so we can assess if the fetus is growing properly and to evaluate fetal blood flow through the umbilical cord.

We feel that these three ultrasounds are medically necessary and of vital importance in properly caring for a patient during her pregnancy, even a low-risk "normal" pregnancy. Additional ultrasounds might be done for specific medical reasons, but the above three are the minimum that we believe every obstetrical patient should undergo during her pregnancy.

Some or all of these ultrasounds may not be covered by your insurance provider.

There is significant office expense in providing these services including the salary of the sonographers, the cost of the machines, the supplies and more.

This is one example of many where the rules governing reimbursement for medical tests and procedures do not agree with what physicians feel is proper and necessary medical care. If your insurance provider determines that some or all of these ultrasounds are "not a covered benefit" (or they are considered "experimental" - to use their language), then the cost of the ultrasounds will be your responsibility. We have tried many times to appeal these denials of payment without success. You may use this handout if you wish to appeal these denials on your own.

You will be asked to sign a separate consent agreement that you abide by our OB ultrasound policy. Thank you for your understanding.