BEACON
DIAGNOSTIC ULTRASOUND

PHYSICIAN ULTRASOUND ORDER FORM | CASH-PAY PRICING

Patient name: _____ MRN: _____ DOB: _____ Phone: _____
Patient address: _____
Ordering provider: _____ Practice: _____
Provider phone: _____ Fax: _____ NPI: _____
Diagnosis / ICD-10: _____ Clinical indication: _____
Service location: ☐ Patient home ☐ Ordering provider clinic Requested date: _____

GENERAL

☐ Abdomen Complete	$310.00
☐ Abdomen Limited RUQ	$260.00
☐ Abdomen Limited LUQ	$240.00
☐ Aorta (AAA)	$235.00
☐ Renal Complete	$285.00
☐ Bladder Only	$110.00
☐ Prostate	$160.00
☐ Thyroid	$260.00
☐ Testicular	$260.00
☐ Soft Tissue (site: _____)	$235.00

OB/GYN

☐ Pelvis Transabdominal	$220.00
☐ Pelvis Transvaginal	$260.00
☐ 1st Trimester	$285.00
☐ 2nd Trimester	$310.00
☐ Morphology	$360.00
☐ Growth	$285.00
☐ AFI	$125.00
☐ Cervical Length	$110.00
☐ BPP	$260.00

VASCULAR

☐ Carotid Duplex	$335.00
☐ Venous Duplex Left Leg	$195.00
☐ Venous Duplex Right Leg	$195.00
☐ Venous Duplex Bilateral	$385.00
☐ Arterial Duplex Left Leg	$210.00
☐ Arterial Duplex Right Leg	$210.00
☐ Arterial Duplex Bilateral	$410.00

OTHER SERVICES

☐ Ultrasound Assisted Needle Guidance Aspiration/Injection (site: _____)	$175.00

SCREENING SERVICES

☐ Ultrasound Breast Screening	$300.00
☐ Ultrasound Carotid Screening	$125.00
☐ Ultrasound AAA Screening	$125.00
☐ Ultrasound Fertility Screening (Follicular count, Endometrial Thickness)	$280.00
☐ Ultrasound Women's Health Screening (Uterus and Ovaries)	$260.00
☐ Ultrasound Prostate Screening	$160.00
☐ Ultrasound Thyroid Screening	$260.00

Provider signature: _____ Date: _____
Supervising MD/DO (Required for APP orders) _____

Published cash prices include mobile service within the standard service area, one board-certified radiologist interpretation/final report, and HIPAA-compliant PACS image storage.