



HILL COUNTRY ULTRASOUND, LLC  
[hillcountryultrasound@gmail.com](mailto:hillcountryultrasound@gmail.com)  
 2210 Bandera Hwy, Suite F  
 Kerrville, TX 78028  
 830-777-7002  
 (By Appointment Only)  
[www.hillcountryultrasound.com](http://www.hillcountryultrasound.com)

ULTRASOUND ORDER FORM

DATE:	
PATIENT NAME:	
PATIENT DOB:	
PATIENT PHONE:	
CLINICAL HISTORY / REASON FOR EXAM:	
LMP / EDD:	
ORDERING PROVIDER:	
PROVIDER SIGNATURE:	
PROVIDER EMAIL:	
ROUTINE OR STAT	(CIRCLE ONE)

PLEASE CHECK BOX	CPT CODE	DIAGNOSTIC IMAGING SERVICES - DESCRIPTION	FEE
	76801	1st Trimester OB Ultrasound < 14 weeks (TAUS)	\$145
	76817	1st Trimester OB Ultrasound < 14 weeks (TVUS) *Universal cervical screening (1st visit only unless cervical indication or finding)	\$145
	76805	2/3 Trimester OB Complete Ultrasound >14 weeks	\$175
	76815	2/3 Trimester OB limited Ultrasound >14 weeks (any fetal #)	\$100
	76816	2/3 Trimester OB Repeat/Follow Up Ultrasound >14 weeks	\$135
	76819	Fetal biophysical profile w/o NST	\$100
	76820	Fetal Umbilical Artery Doppler	\$100
	76802	<b>TWINS</b> - 1st Trimester OB US each add'l fetus (TAUS)	\$75
	76810	<b>TWINS</b> - 2/3 Trimester OB Complete US >14 weeks add'l fetus	\$105
	76816,59	<b>TWINS</b> - 2/3 Trimester OB Repeat/Follow Up US >14 weeks add'l fetus	\$105
	76819,59	<b>TWINS</b> biophysical profile w/o NST each add't fetus	\$100
	76856	NON-OB PELVIC (TAUS)	\$135
	76830	NON-OB PELVIC (TVUS) ** _____ CHECK IF INFERTILITY WORKUP	\$135
	76700	ABDOMEN COMPLETE / 76705 LIMITED RUQ \$135 / 79706 AORTA \$125	\$155
	76770	RENAL/BLADDER TAUS (PRE & POST VOID ON REQUEST)	\$135
		OTHER (PLEASE SPECIFY)	

Thank you for choosing Hill Country Ultrasound for your Diagnostic Ultrasound Services!

Hill Country Ultrasound offers complete 1st, 2nd, and 3rd trimester diagnostic obstetrical sonograms as well as, Non-Obstetrical sonograms with an order from the referring healthcare provider. Obstetrical sonograms include, but are not limited to: transvaginal dating confirmation, complete anatomy surveys, growth follow ups, and biophysical profiles. Non-Obstetrical sonograms include Complete Abdominal Ultrasound, Limited Abdomen (RUQ/Gallbladder), Renal/Bladder, Aortic study, Pelvic (TAUS/TVUS). At this time, Small parts and superficial soft tissue ultrasound examinations are not being offered.

Diagnostic ultrasound exams offered through HILL COUNTRY ULTRASOUND, LLC are performed by Misty Aguilar, M.Ed, BS, RT(R), RDMS, American Registered Diagnostic Medical Sonographer (ARDMS) certified in OB/GYN, ABDOMEN/SMALL PARTS, & BREAST Ultrasounds. Hill Country Ultrasound's professional duty of care is to ensure we provide services with care, skill, knowledge, and in accordance with the standards adopted within our professional field.

All diagnostic exams will be interpreted by TeleRad Connect, Teleradiology services. TeleRad houses U.S. based, carefully selected, Board Certified subspecialty Radiologists & Cardiologists. HIPAA compliant PACS software is used to provide remote teleradiology services to obtain and transmit radiological patient images, radiology exams and diagnostic studies, and to transmit interpretations and reports to referring healthcare physicians and providers. TeleRad connects the referring providers with a dedicated physician who generates consistent reports for accurate patient diagnosis and treatment, which builds trust and improves patient care. Report turnaround time is 1 business day. To learn more visit <https://www.teleradconnect.com/>. Reports can be accessed via Hill Country Ultrasound referring physician/health care provider portal at <https://hcu.emsow.com/>.

The Patient's Service Fee payment is due at the time of service. The listed fees include the Radiologist interpretation report fee. Acceptable payments include the following: Cash or Credit Card. \*Hill Country Ultrasound, LLC service fee charges will not be submitted to the patient's current insurance carriers and/or plans, flexible spending account(s) or Health Savings Account(s). An itemized receipt will be provided to the patient. Patient is responsible for receipt submission to their current health care insurance plan(s) and/or health savings account(s) for potential reimbursement. The insurance carrier(s) or health care accounts may not approve or reimburse the patient's medical services in full due to usual and customary rates, benefit exclusions, coverage limits, lack of authorization or medical necessity. The patient is ultimately responsible for the Service Fee charges. Due to the nature of the service, no refunds will be issued.

At this time, Orders can be emailed to ([hillcountryultrasound@gmail.com](mailto:hillcountryultrasound@gmail.com)) or sent with the patient. \*An attached order form word document file can also be emailed to your office to amend and print as needed.

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