



FINANCIAL POLICY ACKNOWLEDGEMENT

I have read and understand the practice's financial policy and I agree to be bound by its terms. A copy of this policy will be provided to me upon request, and is available on the practice's website at www.newbeginningsOBG.com.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND ACKNOWLEDGE THE FINANCIAL POLICY.

Patient or Guardian/Responsible Party Signature

Date

Print Full Name of Patient

Patient's Date of Birth