

Dr. Patrick Anderson

*Center for Gynecologic Oncology
& Women's Health*

**ACKNOWLEDGEMENT OF REVIEW & RECEIPT OF
OFFICE FINANCIAL POLICY**

By signing this document, I acknowledge that I have received and reviewed a copy of the Office Financial Policy and agree to abide by the tenants outlined in said document.

Patient's Name: _____

**Responsible Party
(If not the patient):** _____

Signature: _____ **Date:** _____

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