GREENBRIAR OB/GYN
OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful.

Please understand that you are responsible for any co pays, deductibles, and/or coinsurance applied to your balance by your insurance carrier.

The amount to which you are responsible cannot always be determined prior to your receiving services. You will receive a statement for the amount owed, which is due immediately thereafter.

Please let us know if you have any questions or concerns.

I HAVE READ THE FINANCIAL POLICY. I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

X_____**DATE**_____
Signature of Patient or Responsible Party

X_____
Printed Name