

ST. LUKE'S CENTER FOR ADVANCED GYNECOLOGIC CARE
FINANCIAL POLICY ACKNOWLEDGEMENT

I have received and read a copy of St. Luke's Physician Group Notice of
Financial Policies and Procedures

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

ST. LUKE'S CENTER FOR ADVANCED GYNECOLOGIC CARE
PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received and read a copy of St. Luke's Hospital and Health
Network's Notice of Privacy Practices

PRINT NAME: _____

SIGNATURE: _____

DATE: _____