

Policy Acknowledgement

Please initial on each line and sign below. You may request a hard copy of our policies at any time. They can also be found at ManhattanMedGroup.com

____ I acknowledge that I have received a copy of Manhattan Medical Group's **Notice of Privacy Practices** with the effective date of April 1, 2019.

____ I acknowledge that I have read and understand the **payment policy** and agree to abide by its guidelines.

Signature

Date