

iTrust  Wellness Group
 ——— Mental Health Specialists ———

Resident Name:			
Date of Birth:		Social Security #:	
Community Name:		Room #:	

CONSENT FOR TREATMENT

_____ (initial) I, as the resident or power of attorney of the resident listed above, consent to evaluation and treatment, which may include treatment with medications, of the above-named patient with iTrust Cares, LLC (d.b.a. iTrust Wellness Group, LLC).

_____ (initial) I also understand and authorize that iTrust Wellness Group, LLC nurse practitioners, psychiatrists, physician’s assistants are able to make and bill for rendered services.

_____ (initial) I authorize any holder of medical or financial information to release such medical or financial information to iTrust Wellness Group, LLC if needed to determine any benefits payable for related services.

_____ (initial) I request that payment of authorized Medicare, Medicaid, Tricare, Third Party, or Liability benefits be made on the patient’s behalf to iTrust Wellness Group, LLC for any services furnished to the above-named patient by this provider.

_____ (initial) I hereby authorize my agents, successors, or assignees to pay the resulting amount due from any services rendered in full directly to iTrust Cares, LLC from any insurance, settlement, or recovery in any way coming as a result of treatment of the above-named patient. Furthermore, I agree to immediately remit to iTrust Cares, LLC any payments that I receive directly from any source for the services provided to the above-named patient or on any balance for which I am responsible.

_____ (initial) I understand that in the event of any change of ownership or change in LLC from iTrust Cares, LLC (d.b.a. iTrust Wellness Group, LLC), in the event of any change in ownership or change in LLC from the Assisted Living Community to another LLC or entity, or in the event of any future pricing change to services this same treatment consent will continue to be applicable and no updated consent agreement shall be needed as this existing agreement will suffice assuming terms and the nature of the scope of work stays consistent.

Printed Name: _____

Signature: _____

Date Signed: _____