



just WELLNESS^{LLC}
Financial Liability Consent Form

As a participant of _____, you have the right to be informed about any
_____ **Name of Health Plan** _____
treatment you may receive. This information should include any costs to you for services that are not covered
completely according to your membership certificates. The purpose of this form is to acknowledge that you have
received this information from your provider and that you understand that you may be personally responsible for some
or all of the treatment cost. Your signing this consent form in no way waves any of your rights or benefits of your health
plan membership.

I, _____, as a member of
_____ **Patient's/Member's Name** _____
_____, do hereby agree to pay for all services provided by
_____ **Name of Health Plan** _____
Just Wellness LLC that are not covered by my health plan.

I have read this information and understand its contents.

Services provided _____

_____ **Client's Signature** _____ **Date** _____

_____ **Just Wellness Staff Member's Signature** _____ **Date** _____

In the event that the Patient is a minor, the undersigned Parent/Guardian of the patient agrees to be financially liable for
the services that are not covered by the health plan.

_____ **Parent/Guardian's Signature** _____ **Date** _____

_____ **Practice Staff Member's Signature** _____ **Date** _____