

Client Financial Responsibility Form

Thank you for choosing Adaptive Life Therapy for care ("Provider"). We ask that you read and sign this form to acknowledge and agree to accept financial responsibility for services rendered by Provider to Client.

I agree that I am legally responsible and agree to pay to the Provider for all fees, charges and expenses incurred by the below Client or owed to Adaptive Life Therapy in connection to Provider providing care to Client.

I acknowledge and agree that I am ultimately responsible for the payment to Provider for any and all services rendered by Provider to Client.

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Client name:

Responsible party(ies) name:

Relationship to client:

Responsible party's signature: _____

I consent to sharing information provided here.