

To our valued clients and their families,

iTrust Wellness Group is proud to partner with your community to provide mental health services in the comfort of the home. Our providers at iTrust Wellness Group are mental health specialists, specifically trained in the mind and committed to maximizing both the health and well-being of our clients. Our services include both medication management and talk therapy.

Having experienced many of life's stages, physical stress can feel "normal," but it can take a toll on our mind and impact our mental health. iTrust Wellness Group is here to help. We strongly believe that mental healthcare is equally important to physical healthcare. It may be difficult to differentiate between physical ailments or underlying mental health concerns.

If you would like to receive a professional 'mental health checkup' or are concerned about certain emotions or behaviors that you may be experiencing, please notify your Wellness Director and complete the forms below. If you have any questions, please reach out today and speak to one of our providers.

In solidarity,



Steven Krozer,
iTrust Wellness Group CEO and Psychiatric Nurse Practitioner

CONSENT FOR TREATMENT AND PAYMENT AUTHORIZATION

I consent to the evaluation and treatment of the above-named patient. I also understand that I am the patient or a responsible party or power of attorney of the patient.

I hereby authorize my agents, successors, or assignees to pay the resulting amount due from any services rendered in full directly to iTrust Wellness Group, 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 Wellness Group, 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.

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. 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. 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.

Print Name: _____ **DOB:** _____

Community Residing: _____

Signature: _____ **Date:** _____

[**For STAFF USE**] When form is completed, please send us the form by scanning and faxing to 864-640-4400 or by e-mailing geriatrics@itrustwellnessgroup.com.

Please call us at (864) 520-2020 Ext 3 if you have any additional questions.

