Client Financial Responsibility Form

Thank you for choosing MyorThrive (KeepCare LLC) as your care Provider. Please 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 KeepCare LLC for all fees, charges, and expenses incurred by the below Client or owed to KeepCare LLC in connection to the Provider providing care to the 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.

Client name

Responsible party(ies) name:

Relationship to client:

Responsible party's signature:

X

Print name: **Date:**

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