



**Caregiver Pro Homecare, Inc.**  
12201 Liberty Ave, 2FL, Richmond Hill, NY 11419  
Phone:(718)-504-8054 Fax:(866)220-5663

**ASSIGNMENT OF INSURANCE BENEFITS**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Client Representatives: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Assignment of Benefits**

I authorize direct payment to Caregiver Pro Homecare, Inc. of any insurance benefits otherwise payable to me for home health care services. I also authorize my insurance company(ies) to furnish to an agent of Caregiver Pro Homecare, Inc. any and all information pertaining to my insurance benefits and status of claims submitted by Caregiver Pro Homecare, Inc. for services rendered. I further authorize Caregiver Pro Homecare, Inc. to release my insurance company(ies) any and all information pertaining to me for benefit determination.

**Acknowledgment of Financial Responsibility:**

While there may be insurance coverage for those services provided by Caregiver Pro Homecare, Inc. to me relative to my care needs, I recognize that all services may not be covered, or that reimbursement may be less than 100 percent of charges billed, in accordance with my policy coverage. Therefore, I acknowledge financial responsibility for any balance owing on my account. In addition, I agree to be responsible for the full amount of the charges if no payment has been made by 45 days from the date a claim was submitted to an insurance company or if my physician or I fail to provide within 45 days, the information necessary to submit the claim for service. I agree to transfer immediately to Caregiver Pro Homecare, Inc. any payment made directly to me for services provided by Caregiver Pro Homecare, Inc. on an assignment basis.

**The undersigned certifies that he/she has read the Assignment of Insurance Benefits and Acknowledgement of Financial Responsibility, has received a copy, and is the client or is duly authorized by the client as the client's general agent to execute the above and accept its items.**

Beneficiary/Representative Signature:	Date:
Witness:	Date: