



Financial Health Services, LLC
Assignment of Benefits

This document is an assignment of benefits allowing Financial Health Services, LLC to receive payment as per your insurance coverage for home care services referred through _____ (Agency / Facility) for care beginning on _____ (Date).

This assignment should be signed and dated by you and returned to Financial Health Services, LLC as soon as possible.

TO: Claims Department at: _____
FROM: Policyholder's Name: _____
RE: Policy #: _____

Please accept this letter of Assignment of Benefits as an authorization to make payments directly to:

Financial Health Services, LLC
325 Sentry Parkway
Building 5 East, Suite 160
Blue Bell, PA 19422

Policyholder Signature: _____ Date: _____

If signed by Personal Representative instead of Individual Named Above:

Name of Representative (Please Print)

Relationship of Representative to Individual (e.g. Spouse, Power of Attorney, Guardian)

Signature of Representative Described Above

Date