



## Assignment of Insurance Benefits

I hereby authorize payment directly to Matrix Home Care of any insurance benefits otherwise payable to me for services. I understand that I am financially responsible for charges not covered by this assignment as documented on the Service Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client or Authorized Representative (Please sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor (Please sign)

\_\_\_\_\_  
Witness