



Email completed forms to:
QBROWN@HUMANISTICCARE.COM
 Phone: (248) 747-1396

HUMANISTIC HOME CARE
Authorization to Bill Insurance for Home Care Services

Humanistic Home Care helps patients remain independent at home by providing support with activities of daily living.

Insurance member ID:	Member name:	Date of birth:	Member phone:
Client Address	Client Phone Number	Control #:	

I, _____, hereby authorize Humanistic Home Care to bill my health insurance provider for any home care services rendered to me. I understand that this may include the disclosure of my personal health information to the insurance company for the purpose of obtaining payment for services provided.

By signing below, I give my permission for Humanistic Home Care to release any necessary information to my insurance company and to receive payments directly for services provided.

Client Signature: _____

Date: _____