

HOME HEALTH CARE SOLUTIONS.LLC
5250 E. US36, SUITE 710
AVON, IN. 46123
(317) 718-1300/ FAX: (317)718-1309

Agency Selection

To Whom It May Concern:

My name is _____. I am choosing to have Home Health Care Solutions, LLC be my provider of choice for my home care needs. I have made this selection on this date _____ and of my own choosing. I realize there are many companies that can provide care in my area. I still choose to have Home Health Care Solutions, LLC to provide my services, even if it causes another agency to receive only partial payment for any days that they may have provided care for me.

Signature of Patient/Authorized Representative

Relationship to Patient

Date