

**EUROPEAN EXPERT CARE AGENCY, INC**  
110 Norman Avenue  
Brooklyn, New York 11222  
(718) 349-0099

ASSIGNMENT OF BENEFITS

Insurance Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Re: Policy Claim # \_\_\_\_\_ Group \_\_\_\_\_  
Claim # \_\_\_\_\_

Employer's Name: EUROPEAN EXPERT CARE AGENCY

Address: 110 Norman Ave, Brooklyn, NY 11222

Dear Sir/ Madam:

In consideration of nursing care given and to be rendered to \_\_\_\_\_

\_\_\_\_\_ by European Expert Care Agency, Inc. I, \_\_\_\_\_ hereby authorize assignment of all benefits for home care services to be paid directly to European Expert Agency Inc. I fully understand that this authorization only applies to those charges covered under my policy and that any and all additional and/or denied claims/charges are to be billed to me directly and payable upon receipt. I authorize Yolanta Khalil to give all financial information regarding my insurance.

Signature of insured: \_\_\_\_\_ Date \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Address where services rendered: \_\_\_\_\_