ElderCare FINANCIAL SOLUTIONS
Client Information Form

Date:_____

How did you hear about us? _____

If referred by a long term care facility, provide name of facility and location: _____

Contact Information if other than Insured

Name: _____

Relationship to Patient/Insured: _____

Legal Guardian or Power of Attorney: YES NO

Street Address: _____

City: _____ State: _____ Zip:_____

Home Phone Number: _____

Cellular Phone Number: _____

Email Address: _____

Best time to contact: _____

Preferred method of contact: PHONE or EMAIL

Insured Personal Information

Name: _____

DOB:_____ Gender:_____

Street Address: _____

City: _____ State: _____ Zip:_____

Home Phone Number: _____

Marital Status:_____

Overall health status of patient: _____

Facility Information

Facility Name:_____

Address:_____

Phone Number: _____

Contact Person: _____

Monthly Cost of Facility:_____

Move In Date: _____

Policy Information

Policy Owner Name:_____

Name of Insured:_____

Insurance Company:_____

Face Amount:_____

Policy Type:_____

Issue State: _____ Issue Date:_____

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Court Plaza South
21 Main Street, Suite 352
Hackensack, NJ 07601-7091
Phone: 855-518-2288 Fax: 201-489-0522

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107 Meadow Stream Drive
Snyder, NY 14226
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