ELITE NURSING SERVICES, INC.

2393 Coon Rapids Boulevard NW
Coon Rapids, MN 55433
Telephone: (763) 421-3613

Point of Care Verification

Name of Recipient: _____ Recipient ID number: _____

Address: _____ _____ _____ _____
(street number) (state) (zip code) (County)

Telephone number: _____ Email: _____

Emergency contact person: _____ Telephone: _____

Point of Care if different from above: _____

_____.

I hereby verify and confirm that the information provided herein is correct to the best of my knowledge. I understand that the address provided above is the point of care for my Home care services by Elite Nursing Services, Inc.

SIGNED: _____ Date: _____
CARE RECIPIENT

SIGNED: _____ Date: _____
RESPONSIBLE PARTY (if applicable)

SIGNED: _____ Date _____
ELITE NURSING SERVICES, INC. (REPRESENTATIVE)