Print Form

Arizona In-Home Care Association
Associate Member Profile

Member Information

Business Name: MatrixCare Home Health Solutions

Registered Name (if different from above): _____

Address: 11555 Heron Bay, Suite 401 (Street) Coral Springs (City) FL (State) 33076 (Zip)

Telephone: (561) 300-4347 Fax: _____

Email: Kristina.engelking@matrixcare.com Website: http://matrixcare.com

Counties Served: All of Arizona

Weekly Operational Schedule:

___ 7 days/week xx Monday thru Friday only Hours of Operation: 7 AM - 6 PM

Available after hours? ___ Yes ___ No After Hours Phone: _____

Other business locations: .

This business is headquartered in Coral Springs, Florida

Kristina Engelking (Kristina.engelking@matrixcare.com) and Christina Lopez (christina.lopez@matrixcare.com) are your primary points of contact.

Services Offered : Software for managing home care agencies from referral to discharge with integrated mobile solutions for caregivers.

Business Information:

Name(s) of Owner(s), Officer(s), Director(s), followed by Title:

Joe Kraus, President, Home Care

Linda Donev, VP of Home Care Operations

Operating as a Business since: 8/4/2011 AZNHA Member Since: 2/1/2017

Comments: _____