



Coalition of Agencies in Service to the Elderly Bio Information Form

Please complete this writable bio form on your computer and return it by email to caseniagara@gmail.com. Please note that this form is uploaded to the CASENiagara website as is. Please be sure to check your spelling and grammar. You may need to save a copy to your computer and attach it to an email to return it.

Date: **11/20/19**

Name: **Bonnie Springborn**

Title: **Executive Director**

Agency Name: **Clinical Healthcare Management Services, Inc.**

Complete Mailing Address: **100 Summershade Ct., E. Amherst, NY 14051**

Phone: **716-697-4942**

Fax: **716-688-1003**

Email address: **bs@chmsny.com**

Website address: **www.chmsny.com**

What age range do you serve? **All ages**

A brief description of your position: **I provide oversight of the daily operations of CHMS, community marketing, comprehensive assessments and home visits with our clients, complete care coordination, assist with long term care insurance and patient advocacy.**

A brief description of what your agency does: **CHMS is a health management agency providing preventive wellness services, advocacy, medical management, care coordination, placement assistance, long term care insurance billing and claims assistance, Medicaid applications and PRI/Screen**

Please list any other programs your agency provides:

C.A.S.E.

P. O. Box 4088, Niagara Falls, NY 14304

caseniagara@gmail.com

www.caseniagara.com