



TRANSFER OF SERVICE AUTHORIZATION

I am electing to transfer my home medical equipment service **from:**

Name of current Homecare Provider

To: Procure Home Medical

The last day of service with my current company will be: _____

Service will begin with **Procure Home Medical** on: _____

Client Name

DOB

SUPPLIES BEING TRANSFERRED:

This document authorizes the exchange of any information necessary to accomplish a smooth transition of service. Please provide **Procure** with any copies of *prescriptions, CMNS, and other medical documentation* related to my services. Thank you in advance for your assistance in this matter.

Sincerely,

Customer or Authorized Representative (Relationship)

Date