



TRANSFER OF SERVICE AUTHORIZATION

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

Name of current Homecare Provider

To: Procare Home Medical

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

Service will begin with **ProCare 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 **ProCare** 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