



Home Medical Equipment and Oxygen

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242 W. 6th Ave. • Lancaster, Ohio 43130
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AUTHORIZATION FOR CHANGE OF PROVIDERS

I, _____, am notifying my previous provider of home medical equipment services, _____

that I have decided to change to GOODCARE by CPCI for my home medical equipment needs. The equipment/services I am specifically referring to is/are: _____

I wish for my previous provider to know that I make this change based on the rights and freedoms guaranteed to me under the law which allows me the right to choose any provider I want for my services. Additionally, per the current HIPAA guidelines regarding patient information and rights, I am requesting the following information be sent to GOODCARE by CPCI:

- Copies of the most recent CMN
- Copies of all ABG's/O2 Saturation Tests
- Billing Date
- Other _____

Thank you,

Patient Signature: _____

Date Signed: _____

Witness: _____