

Texas Oxycare, Inc.
30 S. Main St.
San Angelo, Tx. 76903
Phone (325) 655-5756, Fax (325) 658-3993

CHANGE OF SUPPLIER STATEMENT AND INSTRUCTIONS

I, _____ HAVE THE RIGHT TO CHANGE HEALTH CARE SERVICE PROVIDERS AT ANYTIME. THIS RIGHT IS GUARANTEED TO ME UNDER THE "PATIENT BILL OF RIGHTS". AS SUCH, I HAVE DECIDED TO CHANGE FROM _____ TO TEXAS OXYCARE, INC. FOR THE FOLLOWING ITEMS OF HOME MEDICAL EQUIPMENT AND/OR HOME RESPIRATORY EQUIPMENT.

(BRIEF DESCRIPTION OF EQUIPMENT AFFECTED):

I AUTHORIZE AND INSTRUCT _____ TO RELEASE ANY AND ALL MEDICAL RECORDS AND CERTIFICATES OF MEDICAL NECESSITY USED FOR FILING INSURANCE CLAIMS INCLUDING MEDICARE AND MEDICAID CLAIMS TO TEXAS OXYCARE, INC. 30 S. MAIN ST. SAN ANGELO, TX. 76903

Patient or Patient representative signature

Date

Texas Oxycare Representative Signature

Date