



Re: Change of Providers for Medical Supplies

I \_\_\_\_\_, on behalf of myself or my child \_\_\_\_\_ request that authorization for medical supplies be given to J&R Medical. My/My child's Insurance is through \_\_\_\_\_ and the Identification Number is \_\_\_\_\_. We are transferring our services from \_\_\_\_\_ and services were last received services on \_\_\_\_\_. Please end the Prior Authorization Number given to this Company effective \_\_\_\_\_ for the needed Medical Supplies.

Supply List:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Client / Guardian Signature:

\_\_\_\_\_  
Date: