



Medical Supply

8860 Fallbrook Drive, Houston, Texas 77064

Date: _____

To: The Medicaid Department - State of Texas

Re: Change of Providers for Medical Supplies

I, _____, am requesting that the authorization for my medical supplies be given to MEDCO Medical Supply Inc. The patient, _____, and their Medicaid ID number is _____. Please change the Prior Authorization Number from company, _____, for my medical supplies as follows effective as of the date on this letter.

Supply List:

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

Thank you for your prompt attention to my request.

Signature of Patient/Guardian: _____