



# AVERY CARE HOSPICE, INC.

11030 Arrow Route, Ste 209, Rancho Cucamonga, CA 91730  
Tel # 909-727-3200 Fax # 909-727-3082

Effective Date:

Hospice Transfer of Services

To whom it may concern:

I \_\_\_\_\_, am notifying all parties involved in my hospice care that I am choosing to change the hospice service from

\_\_\_\_\_  
(Hospice Name, City, State)

to **AVERY CARE HOSPICE, INC.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospice Representative

\_\_\_\_\_  
Date