

## **EPD WAIVER TRANSFER FORM**



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	#	Waiver Service(s)	Fred	quency		Cost	PA#	End of Care Date		
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RECEIVING PROVIDER										

- All aspects of transfer including last and first date of services should be coordinated between and mutually agreed upon the discharging and receiving agencies.
- Changes to direct care services are not permitted during the inter-agency transfer process.

Beneficiary:

## Medicaid ID:

#	#	Wa	iver Service(s)	Fred	Frequency		PA#	Start of Care Date Provider Email:
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