



## **Home Medical Equipment Services Provider (HME) Change of Address Form**

**Updated 2/4/2025**

### **Instructions:**

- Complete the form, sign, and date. Keep a copy for your file.
- Submit to the Board via [eLicense Ohio](#) as a **[Submit Additional Documentation request](#)**.

# Home Medical Equipment (HME) Change of Address Form



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## Part 1 – Business and License Information

<b>Business Name</b>	<b>License Number</b>
<b>Email Address</b>	<b>Phone (XXX-XXX-XXXX)</b>
<b>Designated Representative Name</b>	<b>Effective Date of Change:</b>

## Part 2 – Location Information

### Physical Address

<b>CURRENT Address</b> (Street, City, State, and Zip)	
<b>CURRENT County</b>	
<b>NEW Address</b> (Street, City, State, and Zip)	
<b>NEW County</b>	

**Mailing Address**

<b>CURRENT Address (Street, City, State, and Zip)</b>	
<b>CURRENT County</b>	
<b>NEW Address (Street, City, State, and Zip)</b>	
<b>NEW County</b>	

**Part 3 – Attestation and Signature** - *To be completed by the licensee’s Designated Representative listed above. The Designated Representative may sign using a digital or wet ink signature.*

I DECLARE UNDER THE PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4752. OF THE OHIO REVISED CODE THAT THE CHANGE OF LOCATION DID NOT RESULT FROM OR IMPACT THE BUSINESS OWNERSHIP OR OPERATIONS AS PREVIOUSLY REPORTED TO THE BOARD AND THE ANSWERS PROVIDED ON THIS FORM ARE <b>TRUE, CORRECT, AND COMPLETE.</b>	
<b>Signature</b>	<b>Date Signed</b>