



Seniors Information Center - Provider Information Sheet

Provider Name:

**Red Cross**

Address:

**HRM**

City/Town:

**Nova Scotia**

Bus. Phone:

**902-424-1420**

Email:

na

Contact Name:

Postal Code:

Province:

**NS**

Phone 2:

Fax:

Website:

Description of Services:

**Medical Equipment Lending**

Provider's Remarks:

Optional Information:

Insured: **No**

Licensed: **No**

Bonded: **No**

BBB: **No**

Srs. Discount: **No**

Free Estimate: **No**

Home Based: **No**

Local: **No**

Knowledge Based: **No**

*Disclaimer: The above information was submitted by the service provider or generally available to the public. Their services are not endorsed or recommended by Seniors Association of St. Margaret's Bay over other providers.*

*Please contact the service provider to verify information, check references, etc.*