



Physician's Permission and Signature Form

Section One: Practice or Facility Information

Practice/Facility Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Section Two: Authorization

(Please list the names of those who are authorized to place orders on the behalf of the physician listed below.)

Name 1: _____ Title: _____ Email: _____ (PRIMARY)

Name 2: _____ Title: _____ Email: _____

Name 3: _____ Title: _____ Email: _____

Section 3: Physician's Signature

Print Physician's Name: _____ Email: _____

Physician's NPI Number: _____ Medicaid Number: _____

Please sign inside the box to the right. By signing this form you are giving the staff named above the right to order on the GoJaysec system on your behalf and with your instruction.

Trading Partner Agreement

Legal Notice to the Physician: The supplier below provides this secure electronic service free to you through a license with Jaysec Technologies, LLC. Its purpose is to allow rapid and efficient transmissions of orders, CMNs, and other medical documents from the physician to the suppliers. This is not a transactional billing service for the physician but simply a way to communicate electronically between the physician and the supplier.

Your one time signature will be used repeatedly for orders and certificates of medical necessity ONLY when you enter your signature password. This signature resides on a HIPAA compliant, encrypted-key server, inside a secure facility, which currently handles secure web services for the armed forces of Britain. This security is identical to that used by governmental agencies, banks, and other institutions that require secure transmission of electronic data. Detailed technical information is available weekdays from 8am—6pm EST at (866) 467-4897.

Initiating Company _____ Representative _____ Phone _____

Please fax this form to Jaysec Technologies once completed. Fax: (866) 851-8569