



Complete Referral and Documentation Software

Physician's permission and signature form (facility)

Section one: Facility information

☐ New facility ☐ Existing facility

Facility name: _____

Mailing address: _____

City, State, Zip: _____

Phone number: _____ Fax number: _____

Section two: Physician's signature

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 below the right to order on the GoScripts 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 GoScripts. 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 referral sources and participating HME vendors.

Your one-time signature will grant the listed authorized users access to orders and certificates of medical necessities. This signature resides on a HIPAA compliant, encrypted-key server inside a secure facility. 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 8 a.m. - 6 p.m. ET at (866) 467-4897.

Initiating company: _____ Representative: _____

Phone: _____

Please fax or email this form to GoScripts once completed:

Fax: (678) 243-1822 | Email: goscriptsenrollmentform@brightree.com

Facility information

Facility name: _____

Mailing address: _____

City, State, Zip: _____

Phone number: _____ Fax number: _____

Section three: Authorization

Authorization for: _____

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

Name 1: _____ Title: _____ Email: _____

Name 2: _____ Title: _____ Email: _____

Name 3: _____ Title: _____ Email: _____

Name 4: _____ Title: _____ Email: _____

Name 5: _____ Title: _____ Email: _____

Name 6: _____ Title: _____ Email: _____

Name 7: _____ Title: _____ Email: _____

Name 8: _____ Title: _____ Email: _____

Name 9: _____ Title: _____ Email: _____

Name 10: _____ Title: _____ Email: _____

Name 11: _____ Title: _____ Email: _____

Name 12: _____ Title: _____ Email: _____

Name 13: _____ Title: _____ Email: _____

Name 14: _____ Title: _____ Email: _____

Name 15: _____ Title: _____ Email: _____

Name 16: _____ Title: _____ Email: _____

Name 17: _____ Title: _____ Email: _____

Name 18: _____ Title: _____ Email: _____

Name 19: _____ Title: _____ Email: _____

Name 20: _____ Title: _____ Email: _____

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