



Complete Referral and Documentation Software

# HME supplier update form

## Section one: Update supplier location/branch information

☐ New ☐ Existing ☐ Remove ☐ All locations - List additional locations on page two

### \*Required for new location/branch

NPI #: \_\_\_\_\_ Medicaid # (if applicable): \_\_\_\_\_

Supplier name: \_\_\_\_\_

Location/branch name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

## Section two: New authorized users

(Please list any new users (full name) who will be authorized to place orders for the above location.)

Name 1: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name 2: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name 3: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

## Section three: Authorized users for removal

(Please list any existing users (full name) who are no longer authorized to place orders for the above location.)

Name 1: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name 2: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name 3: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

## Please fax or email this form to GoScripts once completed:

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

Section one continued: Update supplier location/branch information

Location/branch name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Location/branch name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Location/branch name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Location/branch name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_