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Authorization to make direct payment to Merlin Technologies/ Leading Edge Innovations

Patient's Printed Name

Medicare I.D. Number

I request that payment of authorized Medicare or Insurance benefits be made to Merlin Technologies or Leading Edge Innovations for services furnished to me by that supplier. I permit a copy of this authorization to be used in place of the original and authorize any holder of medical information about me to release it to my Health Insurance carrier or its agents if needed.

In addition, if Medicare denies coverage for a particular service, even if it would normally be covered, I hereby agree to accept full and personal responsibility for payment and agree to make timely payment upon being billed.

I acknowledge I have read the Notice of Privacy Practices (NOPP) located at <http://www.merlinmed.com/urinedevice/nopp.pdf>, also available from the homepage under Privacy Policy, on or before delivery of any medical supplies/prescriptions/ durable medical equipment to me.

Signature _____ Date _____

Please mail completed form to:
Merlin Technologies / Leading Edge Innovations
699 Mobil Ave
Camarillo, CA 93010
805/388-7669