DME Provider Order Cover Sheet



| 2 | Synapse Health | Fax: 888.690.5329 |
|------|----------------------|-------------------|
| | # of pages | Date |
| | | |
| FROM | DME Provider Details | |
| Æ | Provider Name | Contact Name |
| | Phone | Fax |
| | Email | Time zone |
| | | |

Process: Order entry time can take up to 48 to 72 business hours. Once qualified, DME providers will receive an email confirmation notification to view the order in the Synapse Health Fulfill Portal.

The following is required to start the order process with Synapse Health:

Patient orders missing any of the below may be returned.

| Patient Name | Insurance Information Plan Name, ID Number, & Group Number | Prescriber Signed Rx |
|--|---|----------------------|
| Patient Date of Birth | Primary Policy Holder Information Name, DOB, & Relationship to Patient | Supporting Documents |
| Patient Demographics Address & Phone Number | Applicable Dx Codes | |

Prescriber Information:

| Prescriber Name | | NPI | |
|--|------|----------------------------|------------|
| Phone Number | Ext. | Primary Contact Name | |
| Clinic Name | | Clinic Address | |
| Email | | | |
| 1.888.33.MYDME (1.888.336.9363) 8AM - 8PM (Eastern Standard Time) | | W W W . SYNAPSER | HEALTH.COM |

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